White County, 2005
(Amended)
County Adult Health Survey

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Coordinated by:
White County HHI
and
Arkansas Department of Health

Center for Health Statistics

White County, 2005

County Adult Health Survey
Behavioral Risk Factor Surveillance System

July 2005
(Amended September 2007)

For more information about the White County
2005 County Adult Health Survey

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White County
2005 County Adult Health Survey

Introduction

What is the County Adult Health Survey?

The national focus on improving the health of American citizens has also become a major focus for local communities.[1] As a result, health related data are needed by state, county, and local agencies for developing health-promotion programs and to efficiently target health dollars. The **County Adult Health Survey** is an instrument used by **Hometown Health Improvement** to collect, evaluate, and monitor personal risk behaviors that affect the health of adults in Arkansas communities. The survey uses questions from the **Behavioral Risk Factor Surveillance System** survey (BRFSS), developed by the Centers for Disease Control.[2]

What is Hometown Health Improvement?

Hometown Health Improvement is a grassroots initiative that stresses cooperative action and creative solutions at the local level to identify community health problems and to develop and implement ways to solve them.

This goal is accomplished through cooperation, coalition building, community health assessment, prioritization of health issues, and the development and implementation of health-improving strategies designed and sustained locally.

As part of this initiative, White County conducted the County Adult Health Survey using questions from the Behavioral Risk Factor Surveillance System (BRFSS).

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[1] Centers for Disease Control and Prevention. Healthy People 2010. Atlanta, Georgia. http://www.healthypeople.gov

[2] Centers for Disease Control and Prevention. About BRFSS. Atlanta, Georgia. http://www.cdc.gov/nccdphp/brfss/about.htm

What is the BRFSS?

The BRFSS is a survey developed to help states collect and monitor state level information on health conditions and the major risk behaviors that can affect the health of their adults. It was developed in the 1980s by the Centers for Disease Control and Prevention after research indicated that personal health behaviors play an important role in premature death and illness. Primarily, the survey focuses on behaviors that are linked to the leading causes of death (heart disease, cancer, stroke, diabetes and injury) and other important health issues. Some of the specific behaviors included in the survey are:

- Not getting enough physical activity
- Being overweight
- Not using seatbelts
- Using tobacco and alcohol
- Not getting preventive medical care (e.g. flu shots, mammograms, Pap smears, colorectal exams) that can save lives.

How is the BRFSS used?

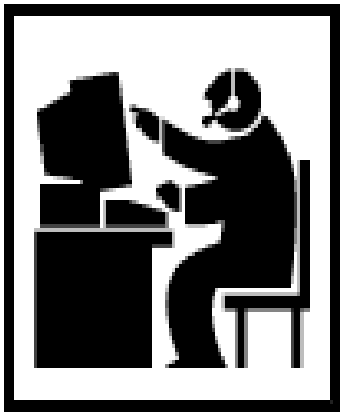
State and local health departments in all 50 states rely heavily on BRFSS data to do the following:

- Determine priority health issues and identify populations at highest risk.
- Develop strategic plans and target prevention programs.
- Monitor the effectiveness of intervention strategies and progress toward prevention goals.
- Educate the public, the health community, and policymakers about disease prevention.
- Support community policies that promote health and prevent disease.

BRFSS information is also used by researchers, professional managed care and voluntary organizations to target prevention efforts. Recognizing the value of such a system in addressing priority health issues in the coming century; China, Canada, and other countries have looked to CDC for assistance in establishing BRFSS-like systems for their own populations.

The ability to determine which population groups have the greatest health risk factors is essential in effectively targeting scarce prevention resources. BRFSS data can be analyzed by a variety of demographic and economic variables such as age, education, income, and racial and ethnic background, to determine which populations are at highest risk in a community.

How did White County conduct the County Adult Health Survey?



During May 2005, a telephone survey of 843 randomly selected adults in White County was conducted. Telephone interviews were carried out and supervised by trained telephone research interviewers at the University of Arkansas at Little Rock's Institute of Government.

Who participated in the White County 2005 County Adult Health Survey?

Of the 843 people who were interviewed, 304 were men and 539 were women. The following chart summarizes the demographics of the survey participants as both raw numbers and as weighted data. The raw data is the data collected from the sample of persons interviewed. The weighted data is the collected survey data (raw data) that has been adjusted to represent the population from which the sample was drawn.

All other data presented in the report is based on the **weighted** data. All percentages presented in this report are rounded to the nearest whole percent.

Table 1: Survey demographics

Variables	Categories	Raw Data (%)	Weighted Data (%)
Age	18-39	29	43
	40-64	43	39
	65+	27	18
Education	< HS Education	16	16
	HS Graduate	62	64
	College Graduate	22	20
Income	< $20,000	28	25
	$20,000-$50,000	46	48
	> $50,000	25	27
Gender	Male	36	48
	Female	64	52

Who participated in the White County 2005 County Adult Health Survey? (continued)

Figure 1: Survey demographics, by age

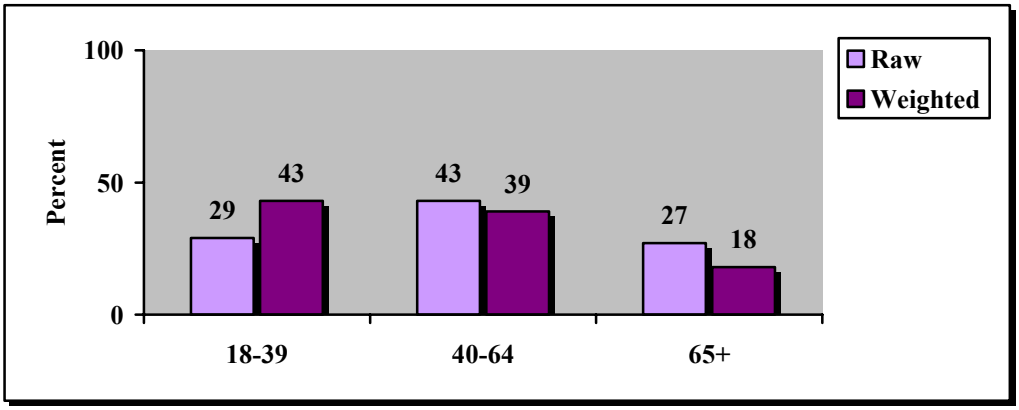
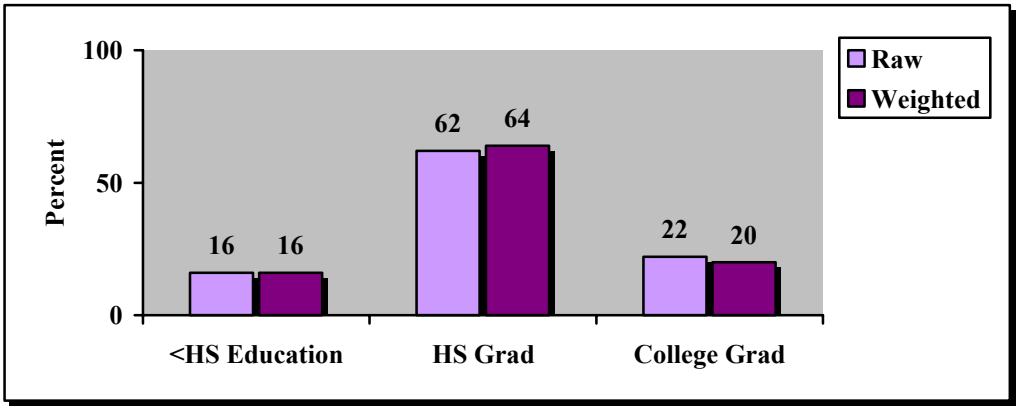


Figure 2: Survey demographics, by education



Who participated in the White County 2005 County Adult Health Survey? (continued)

Figure 3: Survey demographics, by income

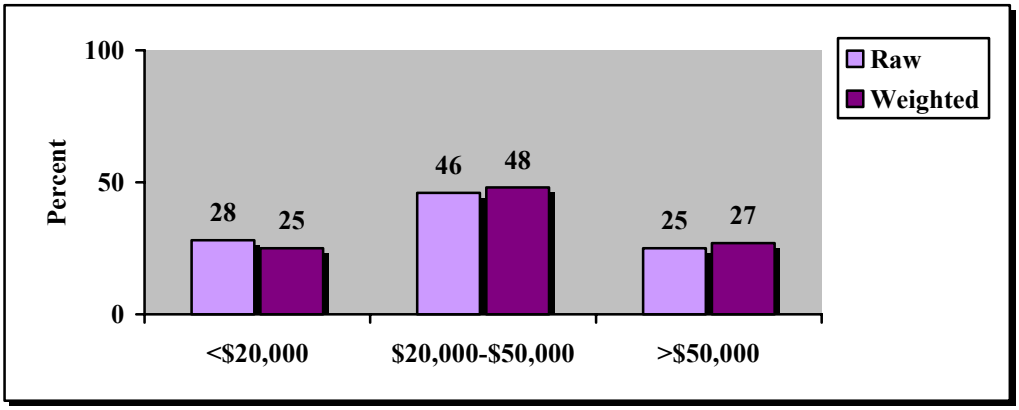
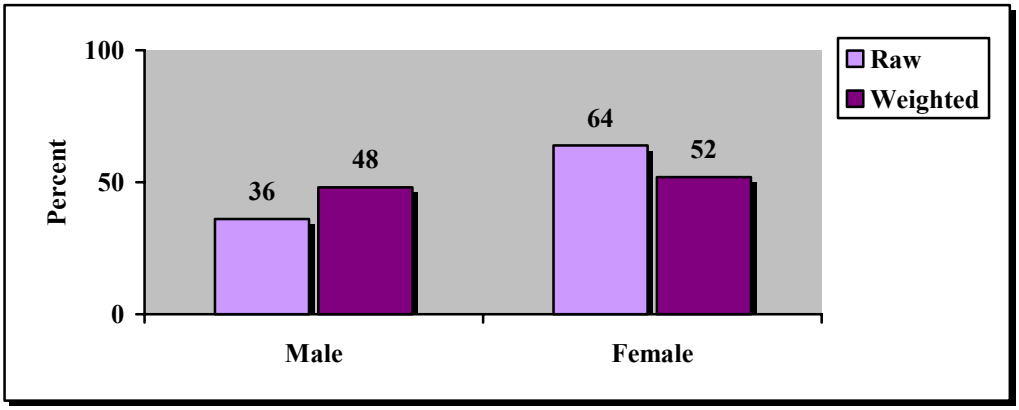


Figure 4: Survey demographics, by gender



Risk Factors

Health Status

The survey asked respondents to rate their general, physical, and mental health status. Perceived health status is an important indicator of functionality and health-related quality of life. It assesses health issues that are not measured by standard morbidity and mortality data.

General Health

Risk Factor Definition: General Health

Question: Would you say that your general health is "excellent," "very good," "good," "fair," or "poor?"

At risk: Those who answered "fair" or "poor" are considered at risk.

Who is at risk in White County?

- Twenty-six percent (26%) of adults in White County reported their general health as fair or poor.
- The prevalence of reported fair or poor general health was lower among respondents aged 18-39 years (14%) than among respondents aged 40-64 years (33%), and respondents 65 years and older (38%) (Table 1 and Figure 1).
- The prevalence of reported fair or poor general health was higher among those respondents with less than a high school education (53%) than among those respondents with a high school education (23%), and college education (14%) (Table 1 and Figure 1).
- The prevalence of reported fair or poor general health was higher among respondents with an annual household income of less than $20,000 (50%) than among those respondents with an annual household income $20,000-$50,000 (23%), and annual household income of over $50,000 (9%) (Table 1 and Figure 1).

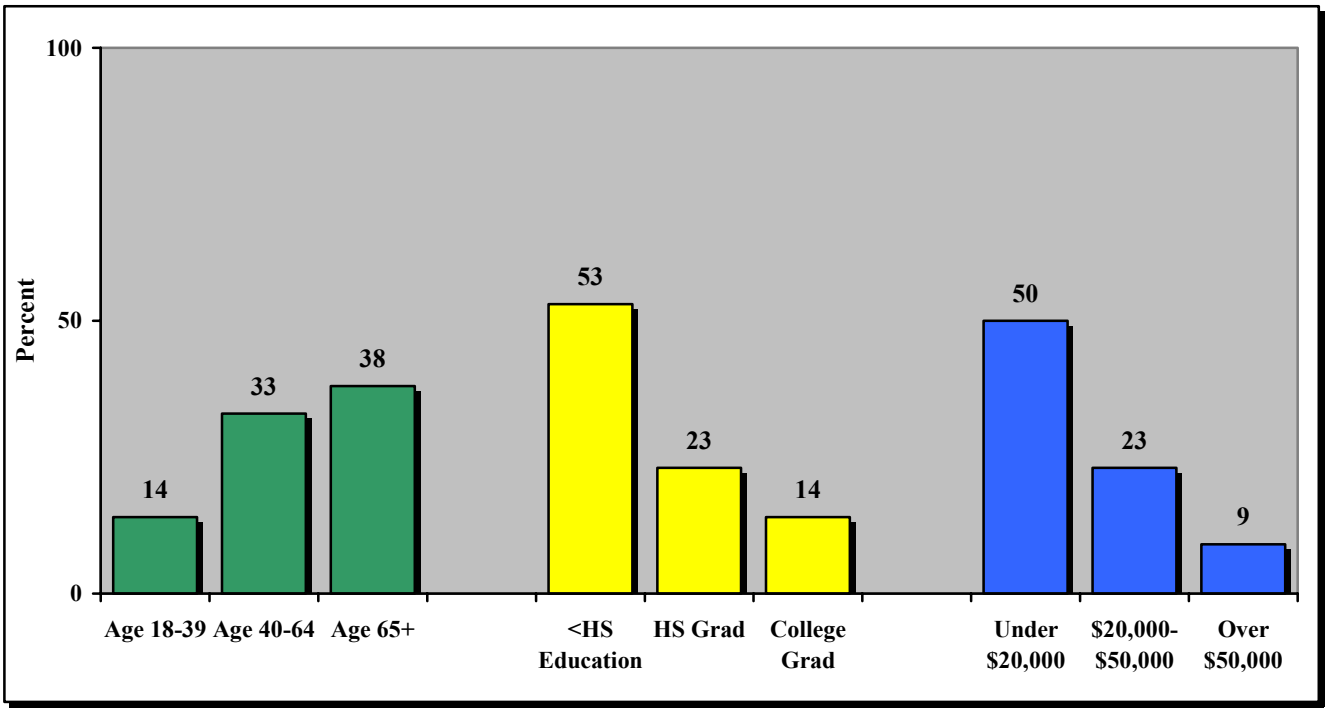
Health Status (continued)

Risk Factor Definition: General Health
Respondents who reported "fair" or "poor" general health.

Table 1: General health

Age	(%)	Education	(%)	Income	(%)
18-39	14	<HS Education	53	<$20,000	50
40-64	33	HS Grad.	23	$20,000-$50,000	23
65+	38	College Grad.	14	>$50,000	9

Figure 1: General health



Health Status (continued)

Physical Health

Risk Factor Definition: Physical Health

Question: Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

At risk: Having one or more self-reported days of "not good" physical health.

Who is at risk in White County?

- Forty-seven percent (47%) of White County adults had at least one day when physical health was not good during the month preceding the survey.
- According to the survey, the average White County adult had:
    - Six days each month of bad health, and
    - Five days each month when health problems interfered with usual activities.
- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was lower among respondents aged 18-39 years (44%) than among respondents aged 40-64 years (50%), and respondents 65 years and older (48%) (Table 2 and Figure 2).
- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was higher among those respondents with less than a high school education (57%) than among those respondents with a high school education (46%), and college education (41%) (Table 2 and Figure 2).
- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was higher among respondents with an annual household income of less than $20,000 (57%) than among those respondents with an annual household income $20,000-$50,000 (46%), and annual household income of over $50,000 (41%) (Table 2 and Figure 2).

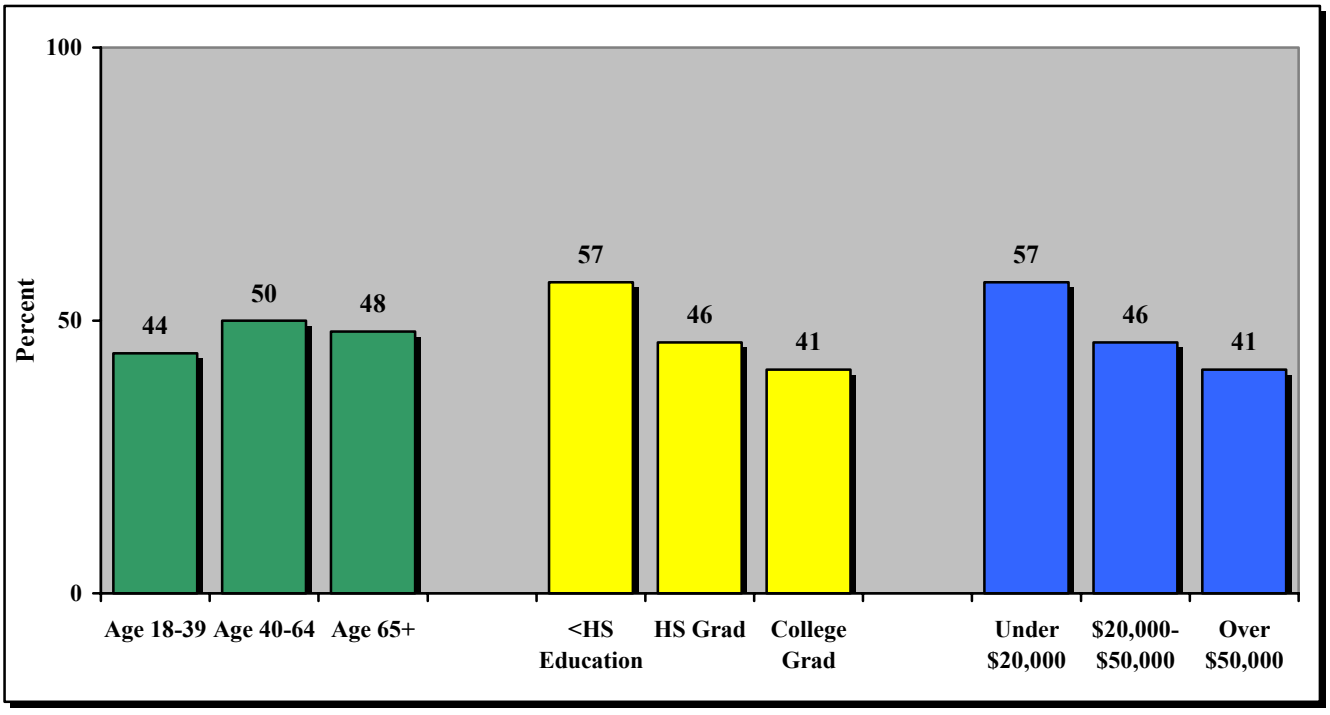
Health Status (continued)

Risk Factor Definition: Physical Health
Respondents who reported physical health "not good" on one or more of the thirty days preceding the survey.

Table 2: Physical health

Age	(%)	Education	(%)	Income	(%)
18-39	44	<HS Education	57	<$20,000	57
40-64	50	HS Grad.	46	$20,000-$50,000	46
65+	48	College Grad.	41	>$50,000	41

Figure 2: Physical health



Health Status (continued)

Mental Health

Mental health includes stress, depression, and problems with emotions.

Risk Factor Definition: Mental Health

Question: How many days during the past 30 days was your mental health not good?

At Risk: Having one or more self-reported days of "not good" mental health.

Who is at risk in White County?

- Thirty-six percent (36%) of adults in White County had at least one day of poor mental health in the past month.
- The average White County adult had 4 days each month of poor mental health.
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among respondents aged 18-39 years (46%) than among respondents aged 40-64 years (34%), and respondents 65 years and older (18%) (Table 3 and Figure 3).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among those respondents with less than a high school education (43%) than among those respondents with a high school education (36%), and college education (32%) (Table 3 and Figure 3).
- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among those respondents with an annual household income of less than $20,000 (46%) than among those with an annual household income $20,000 and $50,000 (37%), and annual household income of more than $50,000 (29%) (Table 3 and Figure 3).

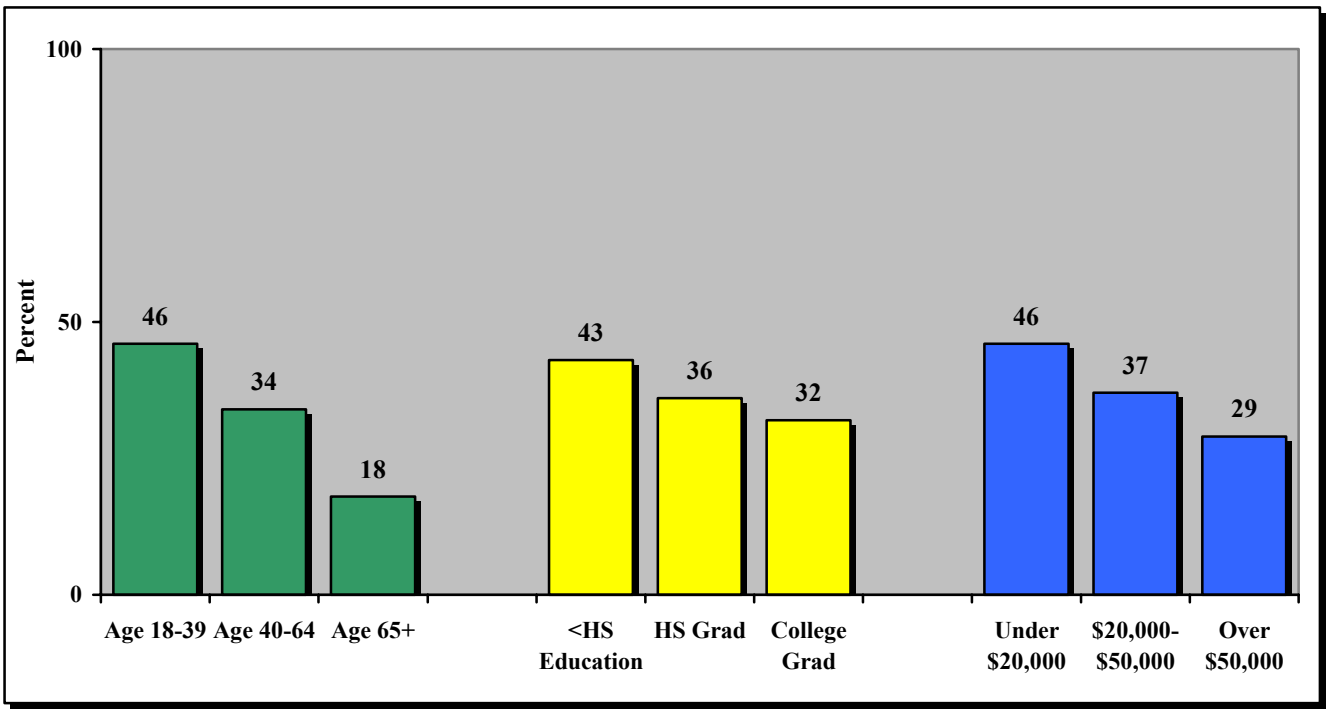
Health Status (continued)

Risk Factor Definition: Mental Health
Respondents who reported mental health "not good" on one or more of the thirty days preceding the survey.

Table 3: Mental health

Age	(%)	Education	(%)	Income	(%)
18-39	46	<HS Education	43	<$20,000	46
40-64	34	HS Grad.	36	$20,000-$50,000	37
65+	18	College Grad.	32	>$50,000	29

Figure 3: Mental health



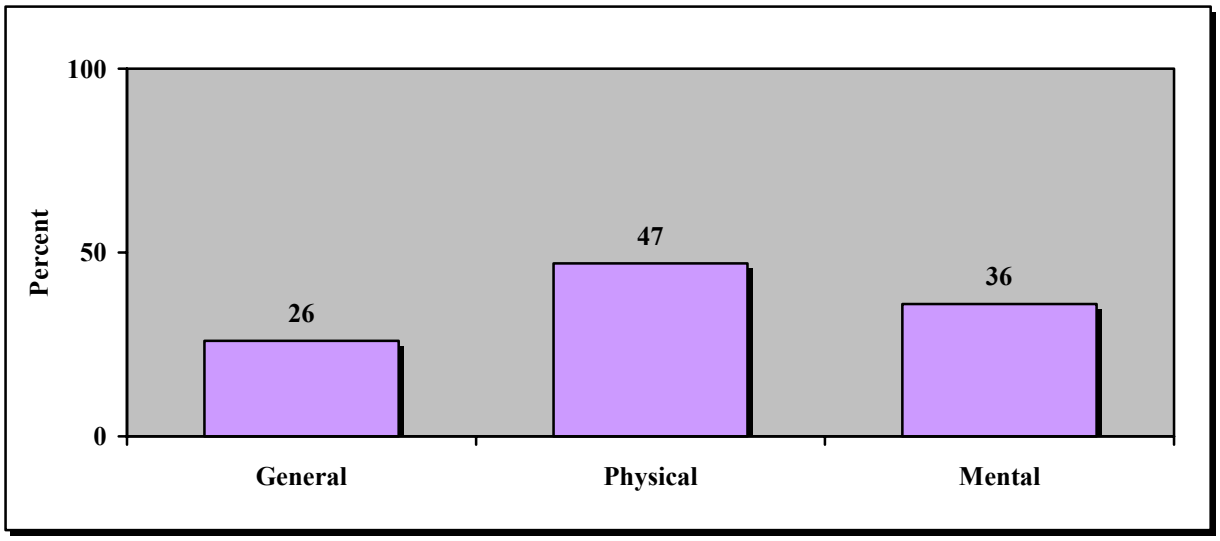
Health Status (continued)

Summary of data on health status

- The prevalence of reported fair or poor general health (26%) was lower among adults in White County than the prevalence of reported physical health not good on one or more of the thirty days preceding the survey (47%) (Figure 4).

- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey (36%) was lower among adults in White County than the prevalence of physical health not good on one or more of the thirty days preceding survey (47%) (Figure 4).

Figure 4: Summary of reported findings on health status



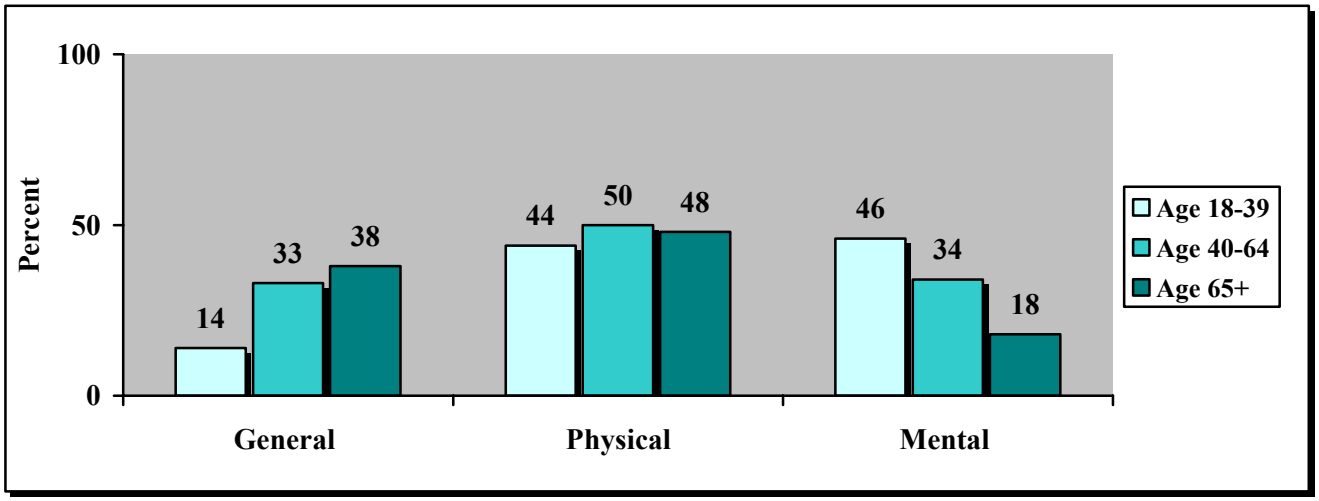
Health Status (continued)

Comparing the reported impact of age on general, physical and mental health status.

Summary of reported findings on health status, by age

- Respondents aged 18-39 years were:
    - Less likely (14%) than respondents aged 40-64 years (33%) and respondents 65 years and older (38%) to report fair or poor general health (Figure 5);
    - Less likely (44%) than respondents aged 40-64 years (50%) and respondents 65 years and older (48%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 5);
    - More likely (46%) than respondents aged 40-64 years (34%), and respondents 65 years and older (18%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 5).
- Respondents 65 years and older were:
    - More likely (38%) than respondents aged 40-64 years (33%) and respondents aged 18-39 years (14%) to report fair or poor general health (Figure 5);
    - Less likely (48%) than respondents aged 40-64 years (50%), and more likely than respondents aged 18-39 years (44%) to report physical health not good on one or more the thirty days preceding the survey (Figure 5);
    - Less likely (18%) than respondents aged 40-64 years (34%) and respondents aged 18-39 years (46%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 5).

Figure 5: Summary of reported findings on health status, by age



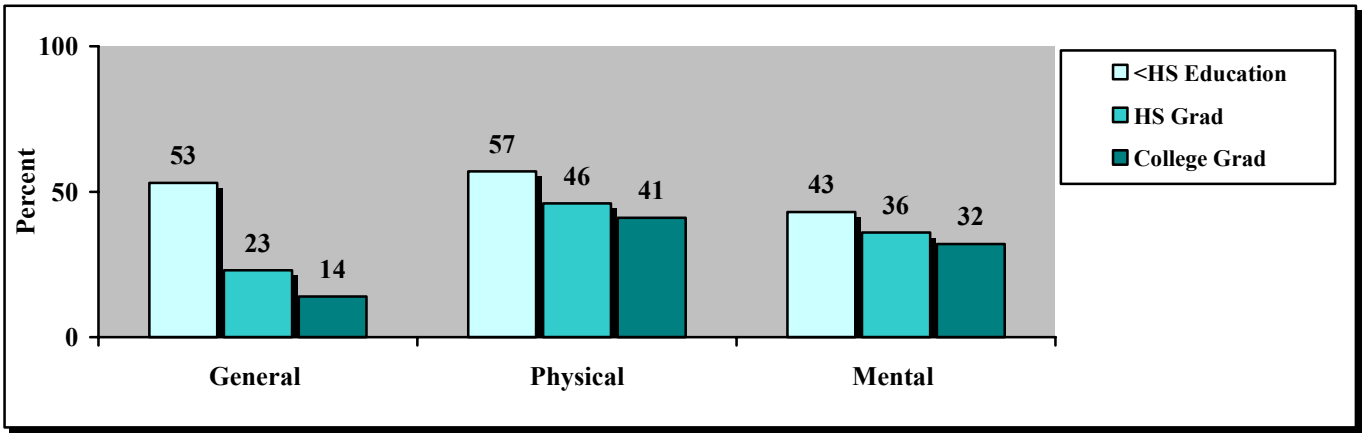
Health Status (continued)

Comparing the reported impact of education on general, physical and mental health status.

Summary of reported findings on health status, by education

- Respondents with less than a high school education were:
    - More likely (53%) than respondents with a high school education (23%) and college education (14%) to report fair or poor general health (Figure 6);
    - More likely (57%) than respondents with a high school education (46%) and college education (41%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 6);
    - More likely (43%) than respondents with a high school education (36%) and college education (32%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 6).
- Respondents with a college education were:
    - Less likely (14%) than respondents with a high school education (23%) and those with less than a high school education (53%) to report fair or poor general health (Figure 6);
    - Less likely (41%) than respondents with a high school education (46%) and those with less than a high school education (57%) to report physical health not good on one or more the thirty days preceding the survey (Figure 6);
    - Less likely (32%) than respondents with a high school education (36%) and those with less than a high school education (43%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 6).

Figure 6: Summary of reported findings on health status, by education



Health Status (continued)

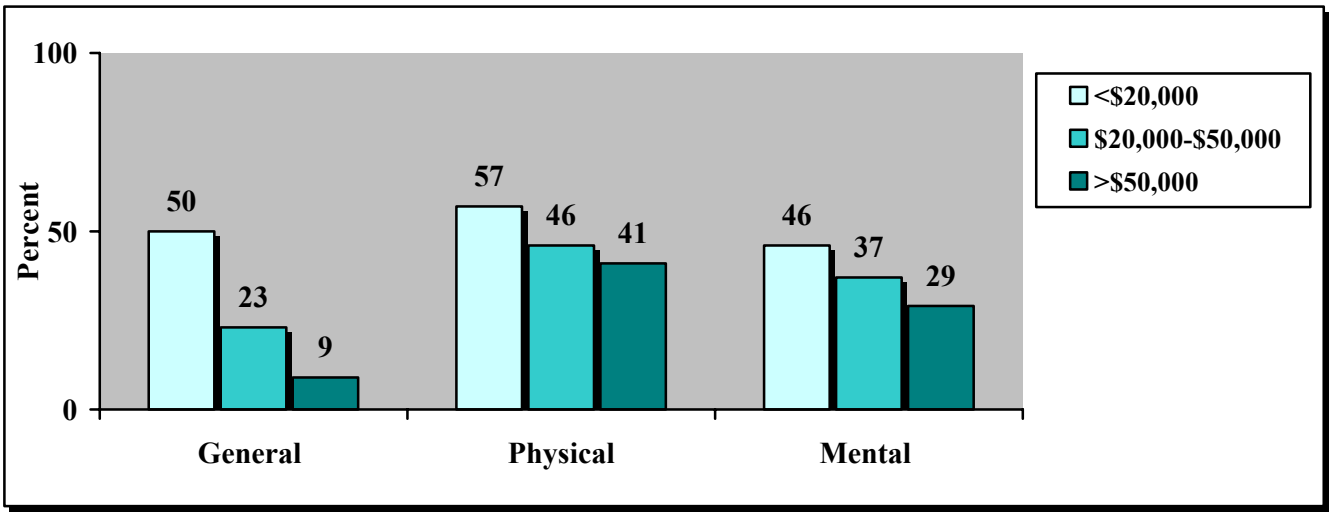
Comparing the reported impact of annual household income on general, physical and mental health status.

Summary of reported findings on health status, by income

- Respondents with an annual household income of less than $20,000 were:
    - More likely (50%) than respondents with an annual household income of $20,000-$50,000 (23%) and those with an annual household income over $50,000 (9%) to report fair or poor general health (Figure 7);
    - More likely (57%) than respondents with an annual household income of $20,000-$50,000 (46%) and those with an annual household income over $50,000 (41%) to report physical health not good on one or more of the thirty days preceding the survey (Figure 7);
    - More likely (46%) than respondents with annual household income of $20,000-$50,000 (37%) and those with an annual household income over $50,000 (29%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 7).
- Respondents with an annual household income over $50,000 were:
    - Less likely (9%) than respondents with an annual household income of $20,000-$50,000 (23%) and respondents with annual household income of less than $20,000 (50%) to report fair or poor general health (Figure 7).
    - Less likely (41%) than respondents with an annual household income of $20,000-$50,000 (46%) and respondents with an annual household income of less than $20,000 (57%) to report physical health not good on one or more the thirty days preceding the survey (Figure 7).
    - Less likely (29%) than respondents with an annual household income of $20,000-$50,000 (37%) and respondents with an annual household income of less than $20,000 (46%) to report mental health not good on one or more of the thirty days preceding the survey (Figure 7).

Health Status (continued)

Figure 7: Summary of reported findings on health status, by income



Health Status (continued)

How does White County compare?

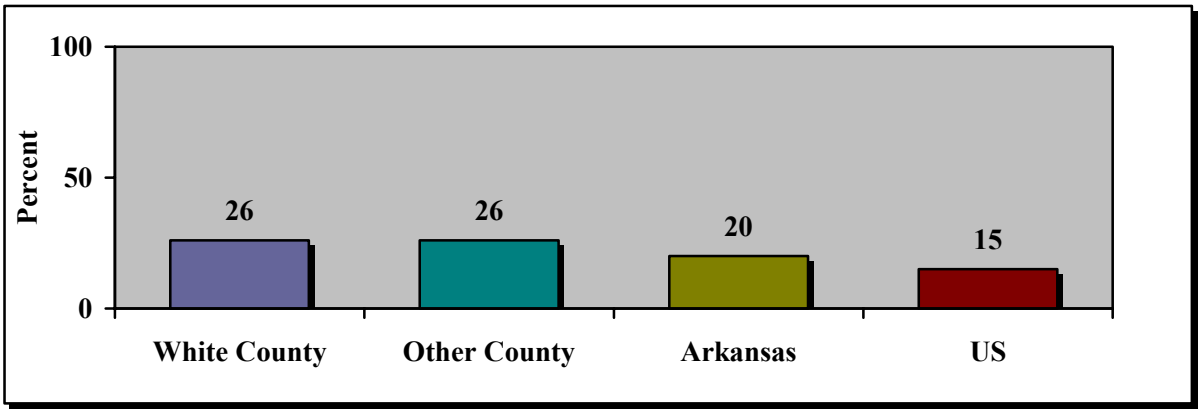
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on general health

- The prevalence of reported fair or poor general health was equal among adults in White County (26%) and adults in a neighboring county (26%) (Figure 8).

- However, the prevalence of reported fair or poor general health was higher among adults in White County (26%) than among adults in the state (20%), and adults in the nation (15%) (Figure 8).

Figure 8: Comparing reported findings on general health



Health Status (continued)

How does White County compare?

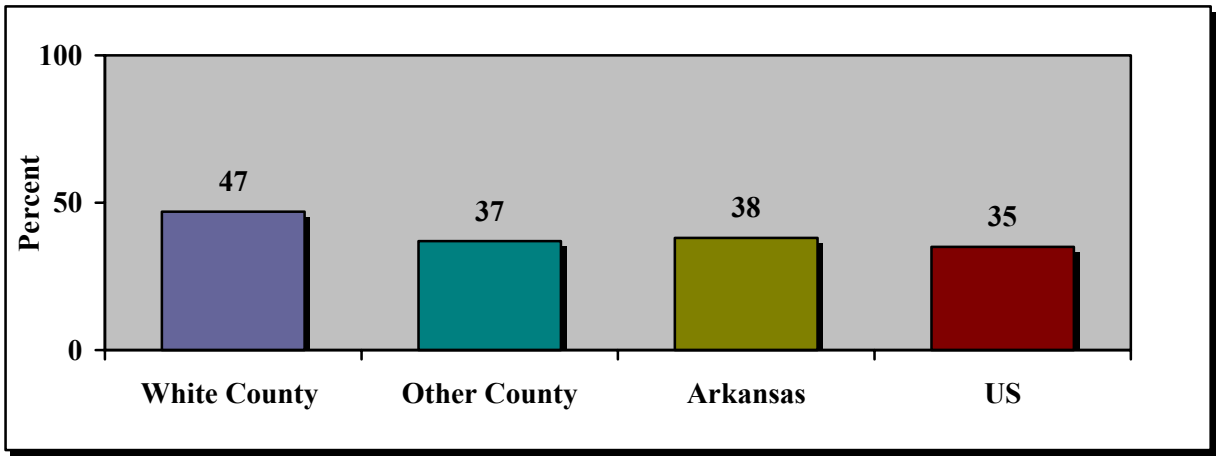
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on physical health

- The prevalence of reported physical health not good on one or more days in the thirty days preceding the survey was higher among adults in White County (47%) than among adults in a neighboring county (37%) (Figure 9).

- The prevalence of reported physical health not good on one or more days in the thirty days preceding the survey was also higher among adults in White County (47%) than among adults in the state (38%), and adults in the nation (35%) (Figure 9).

Figure 9: Comparing reported findings on physical health



Health Status (continued)

How does White County compare?

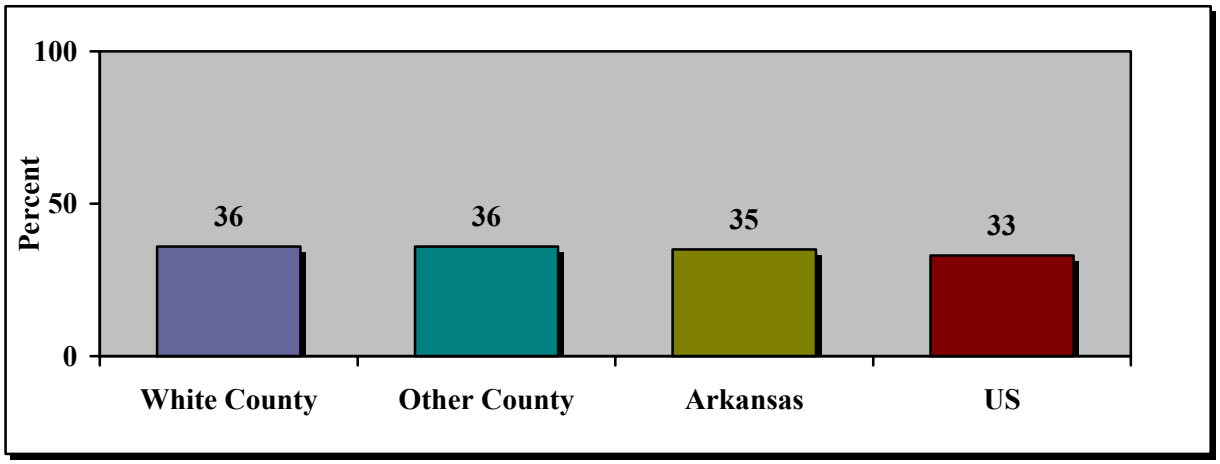
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on mental health

- The prevalence of reported mental health not good on one or more the thirty days preceding the survey was equal among adults in White County (36%) and adults in a neighboring county (36%) (Figure 10).

- The prevalence of reported mental health not good on one or more the thirty days preceding the survey was higher among adults in White County (36%) than among adults in the state (35%), and adults in the nation (33%) (Figure 10).

Figure 10: Comparing reported findings on mental health



Health Status (continued)

How does White County compare?

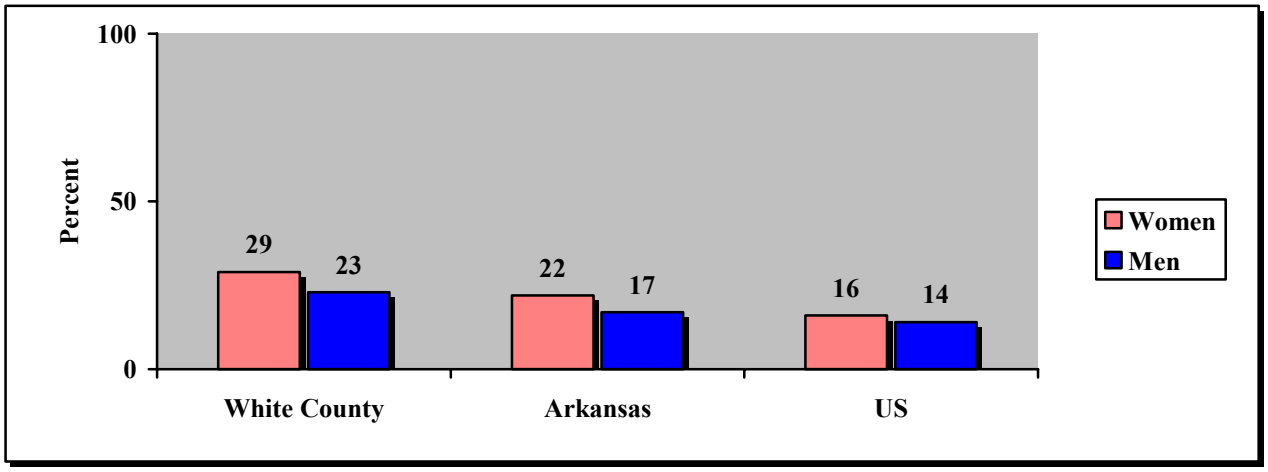
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on general health, by gender

- The prevalence of reported fair or poor general health was higher among adult women in White County (29%) than among adult women in the state (22%), and adult women in the nation (16%) (Figure 11).

- The prevalence of reported fair or poor general health was higher among adult men in White County (23%) than among adult men in the state (17%) and in the nation (14%) (Figure 11).

Figure 11: Comparing reported findings on general health, by gender



Health Status (continued)

How does White County compare?

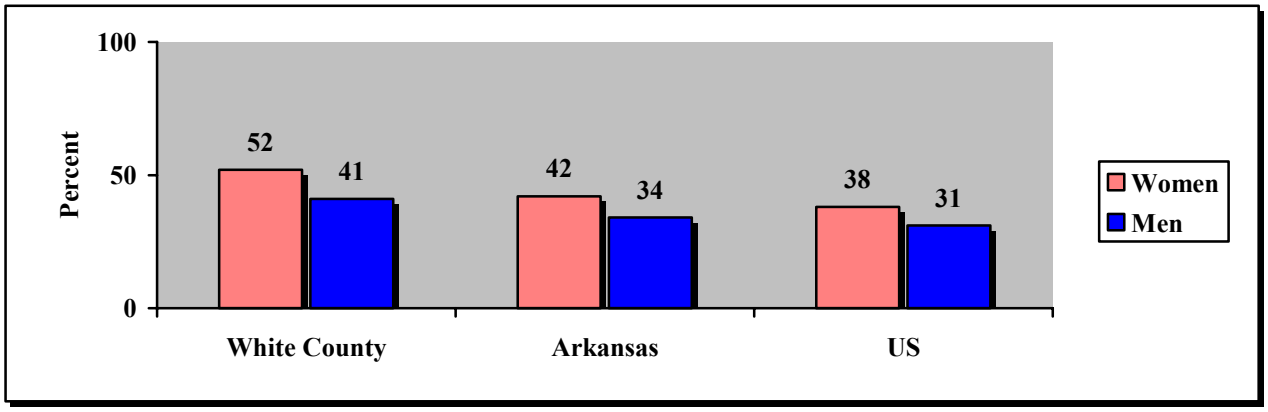
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on physical health, by gender

- The prevalence of reported physical health not good on one or more the thirty days preceding the survey was higher among adult women in White County (52%) than among adult women in the state (42%), and adult women in the nation (38%) (Figure 12).

- The prevalence of reported physical health not good on one or more the thirty days preceding the survey was higher among adult men in White County (41%) than among adult men in the state (34%), and adult men in the nation (31%) (Figure 12).

Figure 12: Comparing reported findings on physical health, by gender



Health Status (continued)

How does White County compare?

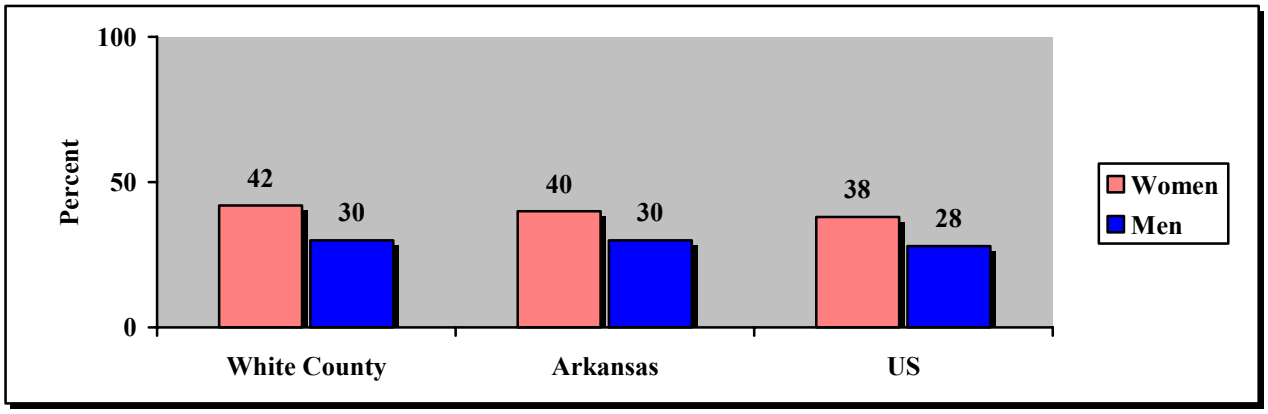
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on mental health, by gender

- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among adult women in White County (42%) than among adult women in the state (40%), and in the nation (38%) (Figure 13).

- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was equal among adult men in White County (30%) and adult men in the state (30%); and higher than among adult men in the nation (28%) (Figure 13).

Figure 13: Comparing reported findings on mental health, by gender



Health Care Access

The survey asked if respondents had health insurance. Health insurance provides better access to health care. Those with health insurance are more likely to have a primary care physician and to receive appropriate preventative care.

Risk Factor Definition: No health insurance

Question: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

At Risk: Those who answered "no" are considered at risk.

Who is at risk in White County?

- Twenty-three percent (23%) of adults in White County reported that they did not have health insurance.

- The prevalence of reported lack of health care coverage was higher among respondents aged 18-39 years (31%) than among respondents aged 40-64 years (23%), and respondents 65 years and older (5%) (Table 1 and Figure 1).
- The prevalence of reported lack of health care coverage was higher among those respondents with less than a high school education (31%) than among those with a high school education (26%), and those with a college education (8%) (Table 1 and Figure 1).
- The prevalence of reported lack of health care coverage was higher among those respondents with an annual household income of less than $20,000 (38%) than among those respondents with an annual household income of $20,000-$50,000 (23%), and those respondents with an annual household income of more than $50,000 (9%) (Table 1 and Figure 1).

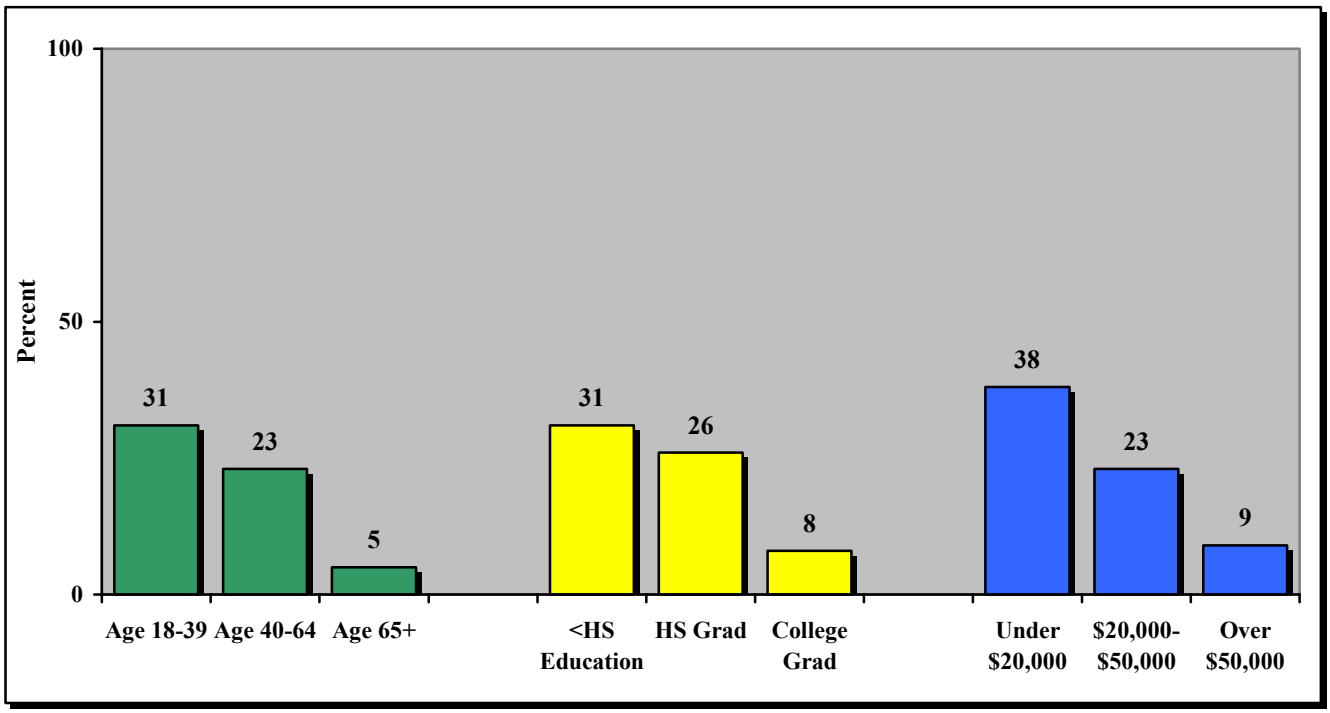
Health Care Access (continued)

Risk Factor Definition: No health insurance
Respondents who reported no health care coverage.

Table 1: No health care coverage

Age	(%)	Education	(%)	Income	(%)
18-39	31	<HS Education	31	<$20,000	38
40-64	23	HS Grad.	26	$20,000-$50,000	23
65+	5	College Grad.	8	>$50,000	9

Figure 1: No health care coverage



Health Care Access (continued)

How does White County compare?

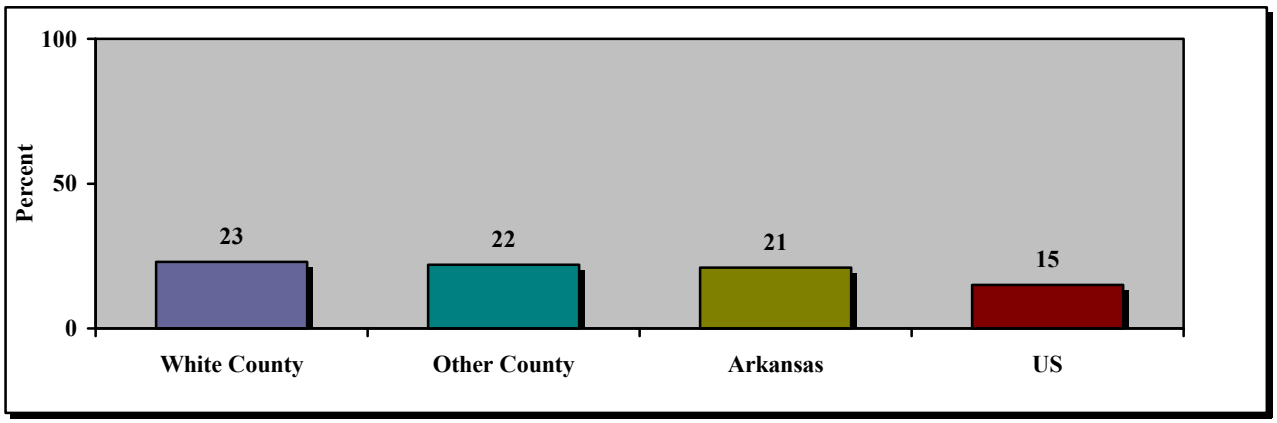
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on health care coverage

- The prevalence of reported no health care coverage was higher among adults in White County (23%) than among adults in a neighboring county (22%) (Figure 2).

- The prevalence of reported no health care coverage was also higher among adults in White County (3%) than among adults in the state (21%), and nation (15%) (Figure 2).

Figure 2: Comparing reported findings on health care coverage



Health Care Access (continued)

How does White County compare?

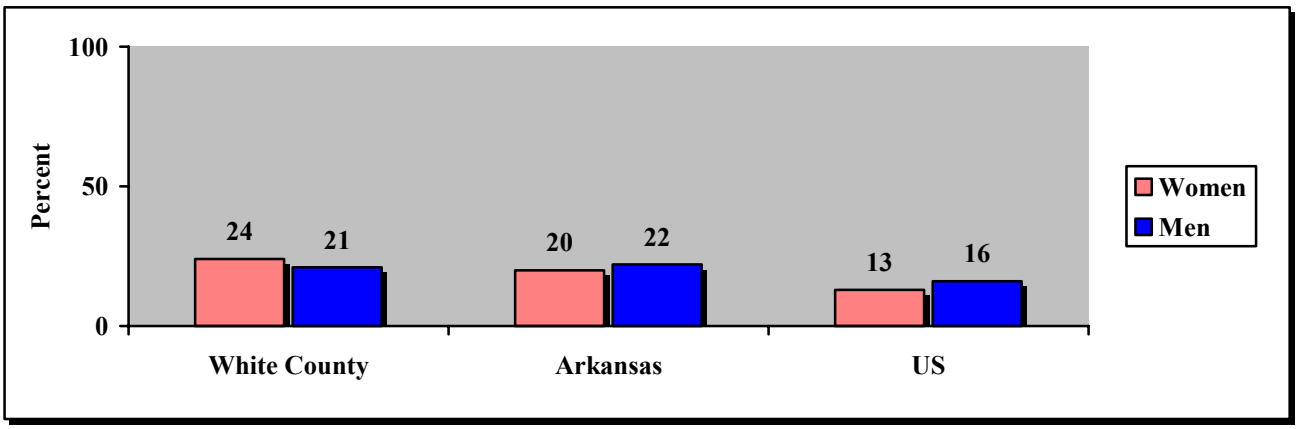
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on health care coverage, by gender

- The prevalence of reported no health care coverage was higher among adult women in White County (24%) than among adult women in the state (20%), and adult women in the nation (13%) (Figure 3).

- The prevalence of reported no health care coverage was lower among adult men in White County (21%) than among adult men in the state (22%); and higher than among adult men in the nation (16%) (Figure 3).

Figure 3: Comparing reported findings on health care coverage, by gender



Hypertension

Uncontrolled high blood pressure can lead to stroke, heart attack, heart failure, or kidney failure.

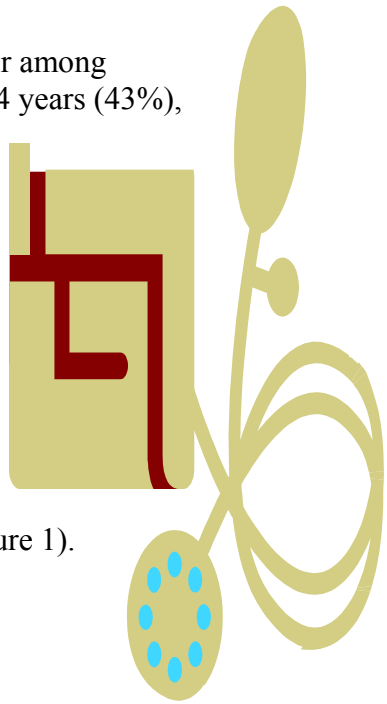
Risk Factor Definition: Have high blood pressure

Questions: Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

At Risk: Those who answered "yes" are considered at risk.

Who is at risk in White County?

- Thirty-three percent (33%) of adults in White County reported that they had been given a hypertension diagnosis by a doctor.
- The prevalence of reported hypertension diagnosis by a doctor was lower among respondents aged 18-39 years (13%) than among respondents aged 40-64 years (43%), and respondents 65 years and older (56%) (Table 1 and Figure 1).
- The prevalence of reported hypertension diagnosis by a doctor was higher among those respondents with less than a high school education (44%) than among those respondents with a high school education (30%), and college education (32%) (Table 1 and Figure 1).
- The prevalence of reported hypertension diagnosis by a doctor was higher among those respondents with an annual household income of less than $20,000 (35%) than among those respondents with an annual household income of $20,000-$50,000 (33%), and those with an annual household income of more than $50,000 (28%) (Table 1 and Figure 1).



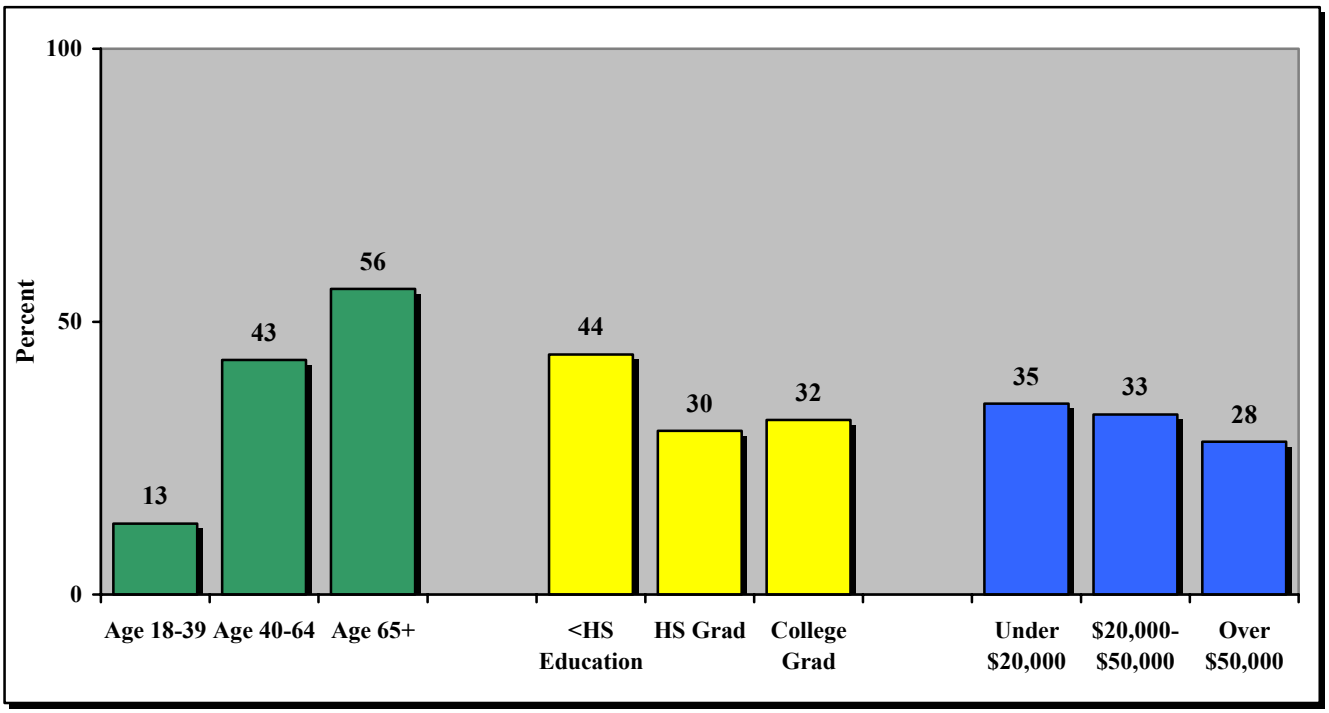
Hypertension (continued)

Risk Factor Definition: Have high blood pressure
Respondents who reported that they had been given a hypertension diagnosis by a doctor.

Table 1: Hypertension

Age	(%)	Education	(%)	Income	(%)
18-39	13	<HS Education	44	<$20,000	35
40-64	43	HS Grad.	30	$20,000-$50,000	33
65+	56	College Grad.	32	>$50,000	28

Figure 1: Hypertension



Hypertension (continued)

How does White County compare?

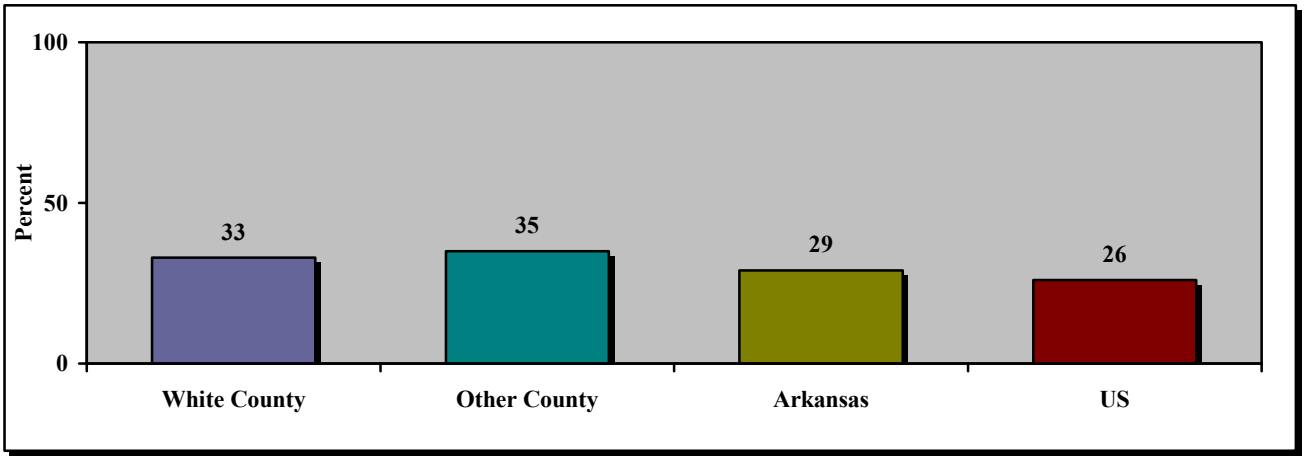
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on hypertension

- The prevalence of reported hypertension diagnosis by a doctor was lower among adults in White County (33%) than among adults in a neighboring county (35%) (Figure 2).

- The prevalence of reported hypertension diagnosis by a doctor was higher among adults in White County (33%) than among adults in the state (29%), and nation (26%) (Figure 2).

Figure 2: Comparing reported findings on hypertension



Hypertension (continued)

How does White County compare?

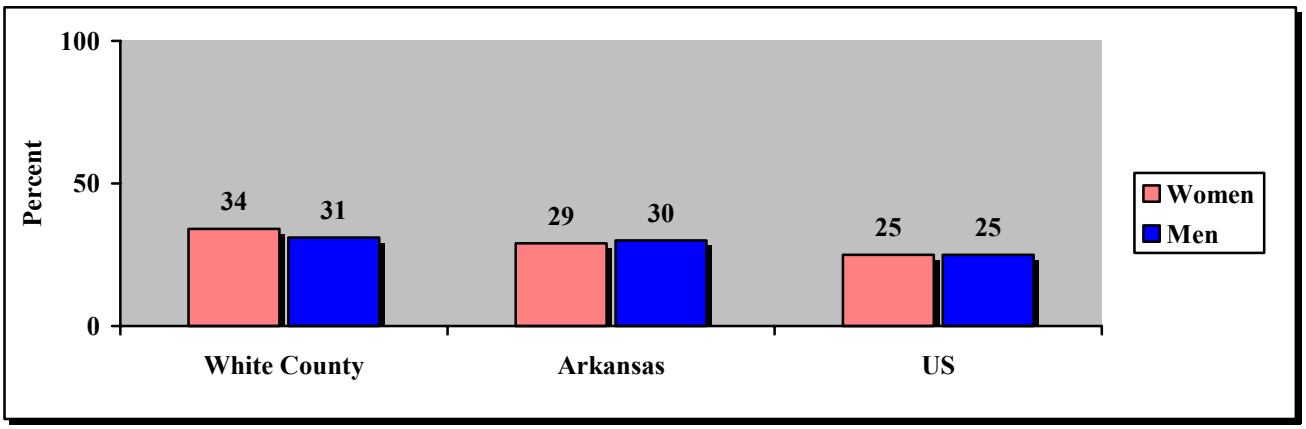
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 state and nationwide BRFSS data.

Comparing reported findings on hypertension, by gender

- The prevalence of reported hypertension diagnosis by a doctor was higher among adult women in White County (34%) than among adult women in the state (29%), and among adult women in the nation (25%) (Figure 3).

- The prevalence of reported hypertension diagnosis by a doctor was higher among adult men in White County (31%) than among adult men in the state (30%), and nation (25%) (Figure 3).

Figure 3: Comparing reported findings on hypertension, by gender



Cholesterol

People with high cholesterol are at a higher risk for heart attack and stroke.

Testing for Cholesterol

Risk Factor Definition: Have not had blood cholesterol checked in past two years

Blood cholesterol is a fatty substance found in the blood.

Questions:
1. Have you ever had your blood cholesterol checked?
2. Approximately how long has it been since you had your blood cholesterol checked?

At Risk: Those who have not had their blood cholesterol checked within the past 2 years are considered at risk.

Who is at risk in White County?

- Thirty-eight percent (38%) of White County adults reported that they had not checked blood cholesterol levels in the two years preceding the survey.
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was higher among respondents aged 18-39 years (55%) than among respondents aged 40-64 years (29%), and respondents 65 years and older (16%) (Table 1 and Figure 1).
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was higher among respondents with less than a high school education (41%) than among respondents with a high school education (39%), and respondents with a college education (32%) (Table 1 and Figure 1).
- The prevalence of not having checked blood cholesterol in the two years preceding the survey was higher among those with an annual household income of under $20,000 (41%) than among those respondents with an annual household income of $20,000-$50,000 (40%), and respondents with an annual household income of over $50,000 (35%) (Table 1 and Figure 1).

Cholesterol (continued)

Risk Factor Definition: Have not had blood cholesterol checked in past two years
Respondents who reported that they had not checked blood cholesterol levels in the two years preceding the survey.

Table 1: Testing for cholesterol

Age	(%)	Education	(%)	Income	(%)
18-39	55	<HS Education	41	<$20,000	41
40-64	29	HS Grad.	39	$20,000-$50,000	40
65+	16	College Grad.	32	>$50,000	35

Figure 1: Testing for cholesterol

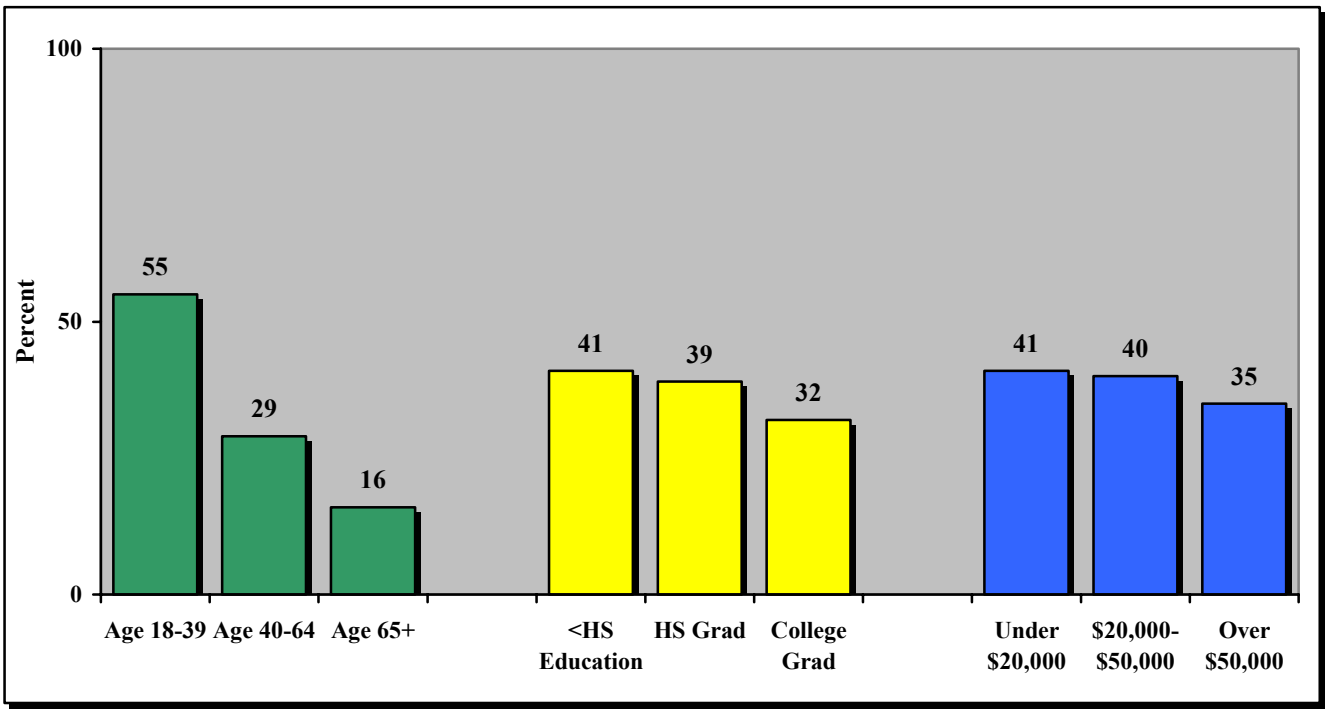
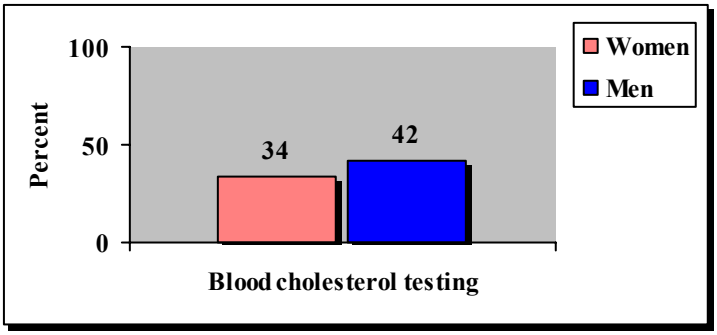


Figure 2: Testing for cholesterol, by gender



The prevalence of reported blood cholesterol not checked in the two years preceding the survey was **lower among adult women (34%) than among adult men (42%)** in White County (Figure 2).

Cholesterol (continued)

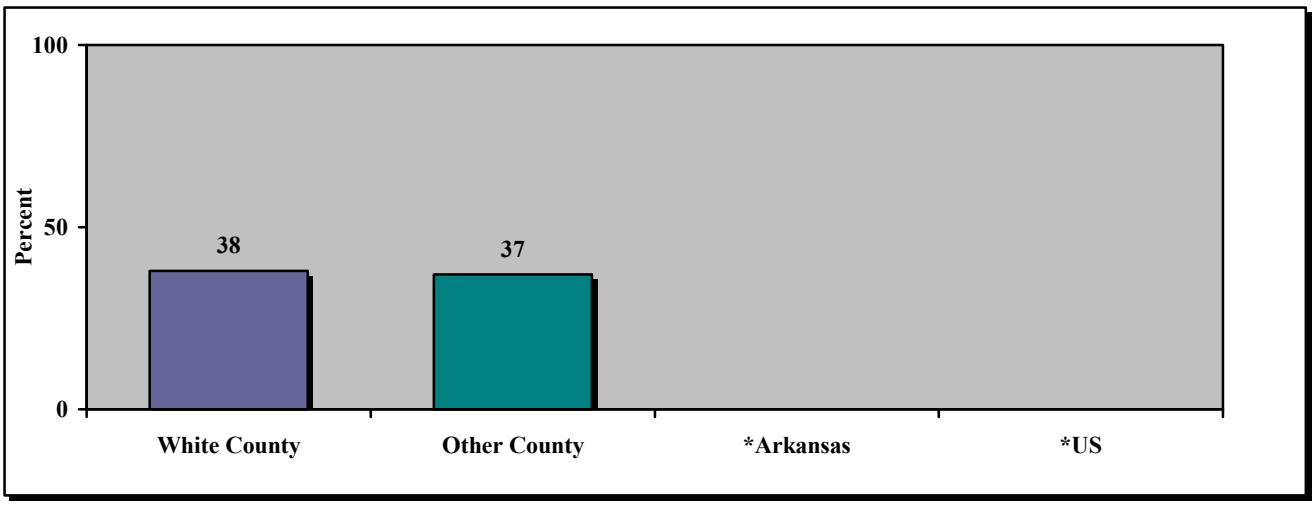
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on testing for blood cholesterol

- The prevalence of reported blood cholesterol not checked in the two years preceding the survey was higher among adults in White County (38%) than among adults in a neighboring county (37%) (Figure 3).

Figure 3: Comparing reported findings on testing for blood cholesterol



*No comparison data available

Cholesterol (continued)

Blood Cholesterol Level

Risk Factor Definition: Blood cholesterol level

Question: Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

At Risk: **Of those who reported that they had had a blood cholesterol test done,** those respondents who answered "yes" are considered at risk.

Who is at risk in White County?

- Of those White County adults who reported that they had had a blood cholesterol test done, **thirty-six percent (36%)** of reported a high cholesterol diagnosis by a doctor, nurse or other health professional.

- Of those White County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **fifteen percent (15%)** among respondents aged 18-39 years, **forty-four percent (44%)** among respondents aged 40-64, and **forty-eight percent (48%)** among those respondents 65 years and older (Table 2 and Figure 4).

- Of those White County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **forty-five percent (45%)** among respondents with less than a high school education, **thirty-four percent (34%)** among those respondents with a high school education, and **thirty-three percent (33%)** among those with a college education (Table 2 and Figure 4).

- Of those White County adults who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **thirty-seven percent (37%)** among those respondents with an annual household income of under $20,000, **forty-one percent (41%)** among those respondents with an annual household income of $20,000- $50,000, and **twenty-eight percent (28%)** among those respondents with an annual household income of over $50,000 (Table 2 and Figure 4).

Cholesterol (continued)

Risk Factor Definition: Blood cholesterol level

Of those White County adults who reported that they had had a blood cholesterol test done, respondents who reported a high blood cholesterol diagnosis by a doctor, nurse or other health professional.

Table 2: Blood cholesterol level

Age	(%)	Education	(%)	Income	(%)
18-39	15	<HS Education	45	<$20,000	37
40-64	44	HS Grad.	34	$20,000-$50,000	41
65+	48	College Grad.	33	>$50,000	28

Figure 4: Blood cholesterol level

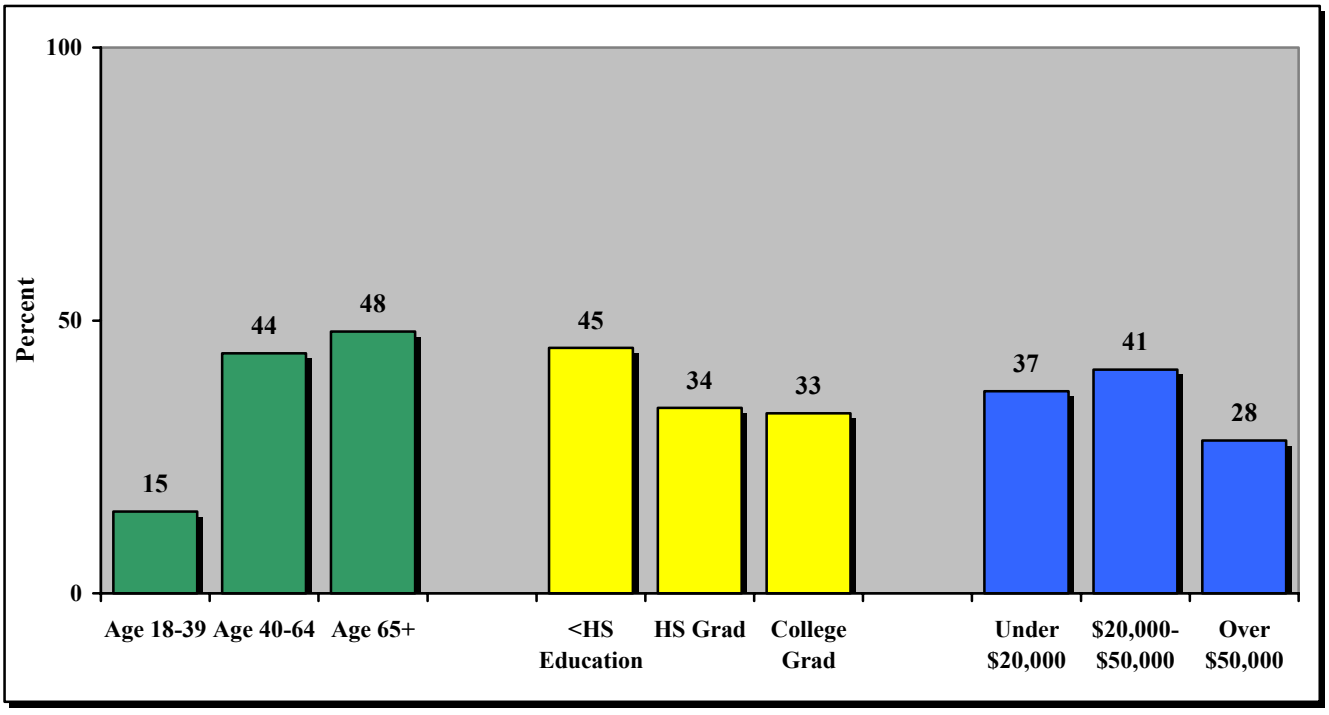
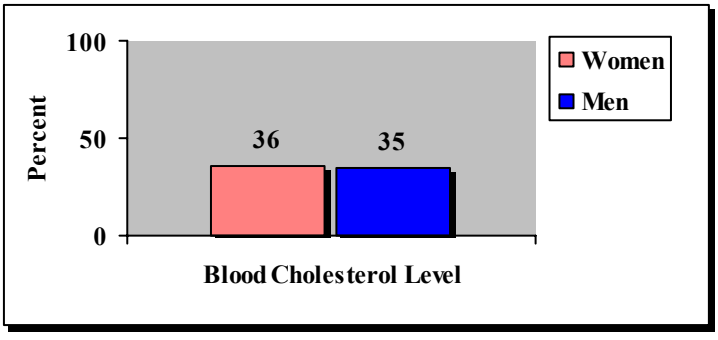


Figure 5: Blood cholesterol level, by gender

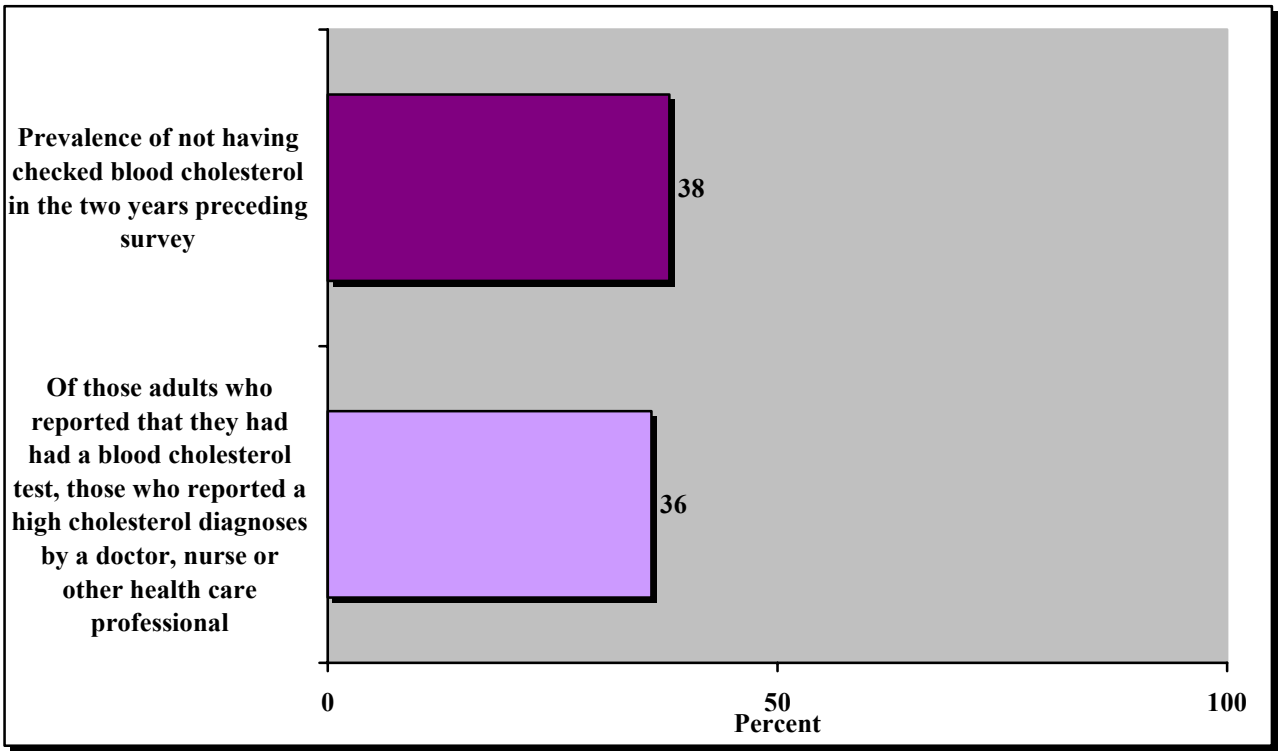


Of those adult women and men in White County who reported that they had had a blood cholesterol test done, the prevalence of reported high blood cholesterol diagnosis by a doctor, nurse or other health professional was **thirty-six percent (36%) among women and thirty-five percent (35%) among men** (Figure 5).

Cholesterol (continued)

Summary

Figure 6: Summary – Blood cholesterol testing and level



Asthma

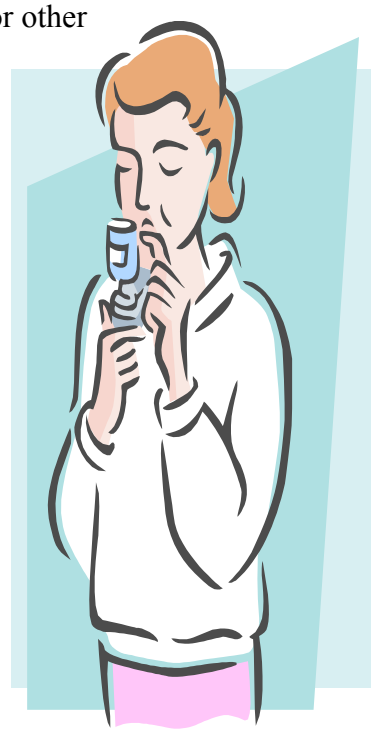
Asthma is a chronic inflammatory disease of the airways that is characterized by wheezing, breathlessness, chest tightness, and coughing. Asthma is a serious and growing health problem. Severe asthma attacks often result in hospitalizations or emergency department visits.

Risk Factor Definition: Have asthma

Question: Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

At Risk: Those who said "yes" are considered at risk.

Who is at risk in White County?



- Twelve percent (12%) reported an asthma diagnosis by a doctor, nurse or other health professional.
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was higher among respondents aged 18-39 years (12%) than among respondents aged 40-64 years (11%); and lower than among respondents 65 years and older (13%) (Table 1 and Figure 1).
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional higher was higher among respondents with less than a high school education (17%) than among those respondents with a high school education (11%), and college education (10%) (Table 1 and Figure 1).
- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was higher among those respondents with an annual household income of less than $20,000 (20%) than among those respondents with respondents with an annual household income of $20,000-$50,000 (8%), and respondents with an annual household income of over $50,000 (8%) (Table 1 and Figure 1).

Asthma (continued)

Risk Factor Definition: Have asthma
Respondents who reported an asthma diagnosis by a doctor, nurse or other health professional.

Table 1: Asthma

Age	(%)	Education	(%)	Income	(%)
18-39	12	<HS Education	17	<$20,000	20
40-64	11	HS Grad.	11	$20,000-$50,000	8
65+	13	College Grad.	10	>$50,000	8

Figure 1: Asthma

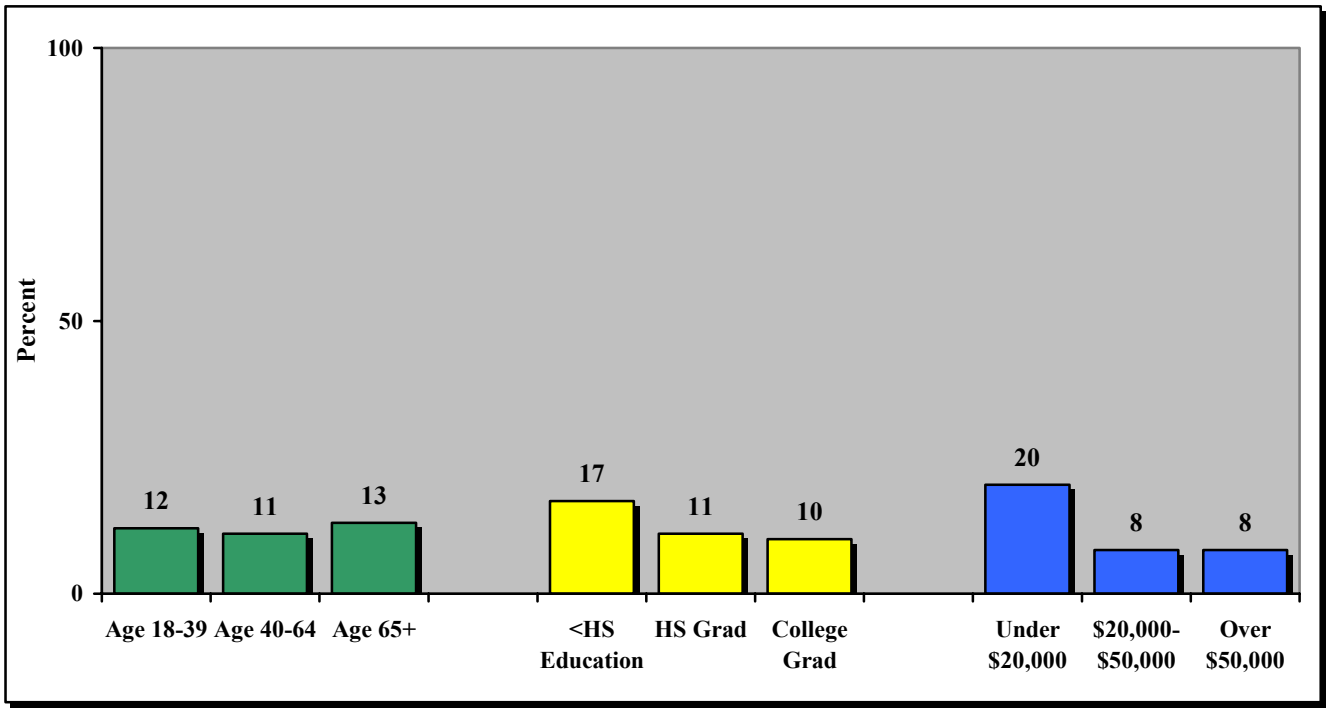
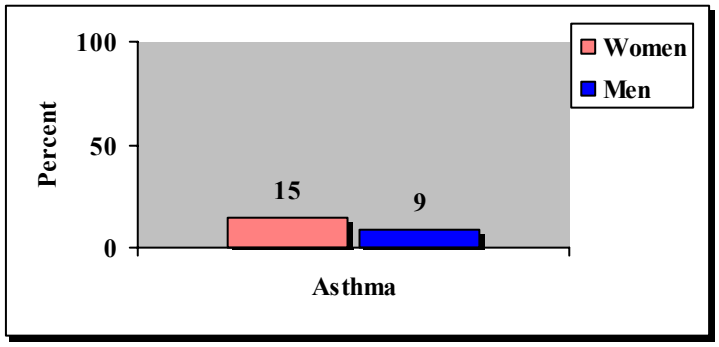


Figure 2: Asthma, by gender



The prevalence of reported asthma diagnosis by doctor, nurse or other health professional was **higher among adult women (15%) than among adult men (9%)** in White County (Figure 2).

Asthma (continued)

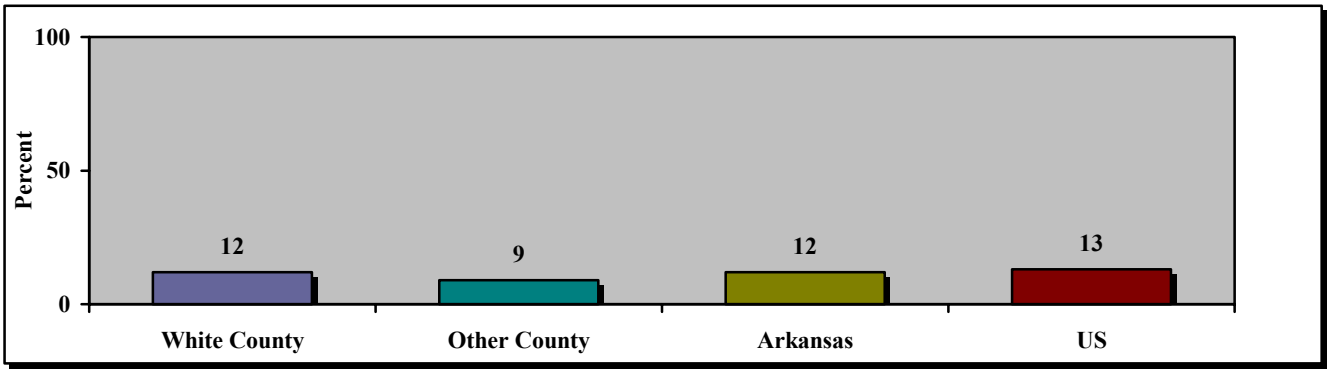
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on asthma

- The prevalence of reported asthma diagnosis by a doctor, nurse, or other health professional was higher among adults in White County (12%) than among adults in a neighboring county (9%) (Figure 3).
- The prevalence of reported asthma diagnosis by a doctor, nurse, or other health professional was equal among adults in White County (12%) and adults in the state (12%); and lower than among adults in the nation (13%) (Figure 3).

Figure 3: Comparing reported findings on asthma



Asthma (continued)

How does White County compare?

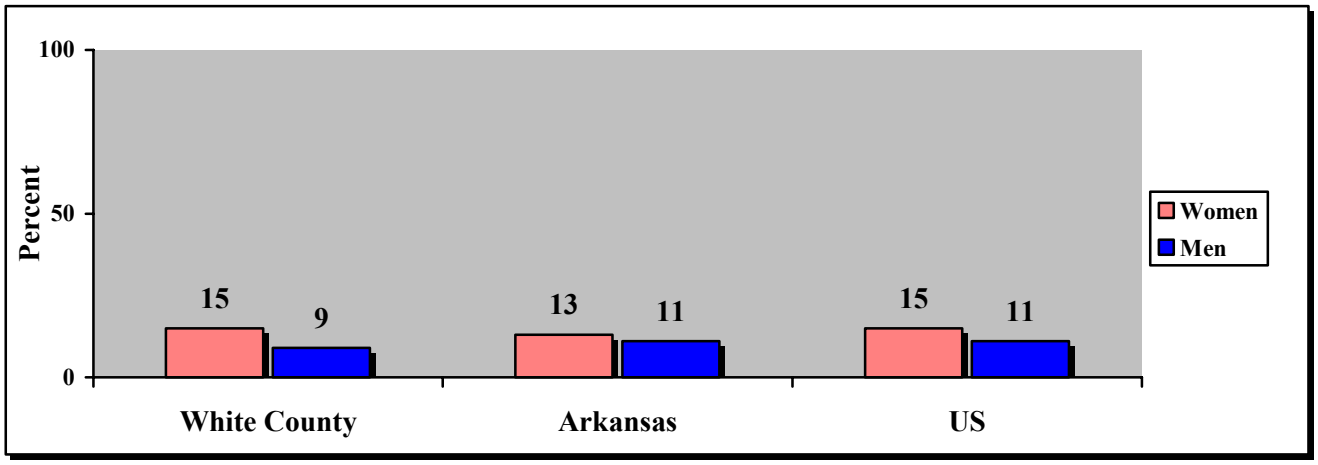
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on asthma, by gender

- The prevalence of reported asthma diagnosis by a doctor, nurse or other health professional was higher among adult women in White County (15%) than among adult women in the state (13%); and equal to adult women in the nation (15%) (Figure 4).

- The prevalence of reported asthma diagnosis by a doctor, nurse or other health profession was lower among adult men in White County (9%) than among adult men in the state (11%), and nation (11%) (Figure 4).

Figure 4: Comparing data on asthma, by gender



Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputation.

Risk Factor Definition: Have diabetes

Question: Have you ever been told by a doctor that you have diabetes?

At Risk: Those who answered "yes" are considered at risk.

Who is at risk in White County?

- Ten percent (10%) of White County adults reported a diabetes diagnosis by a doctor.

- The prevalence of reported diabetes diagnosis by a doctor was lower among respondents aged 18-39 years (1%) than among respondents aged 40-64 years (14%), and respondents 65 years and older (21%) (Table 1 and Figure 1).
- The prevalence of reported diabetes diagnosis by a doctor was higher among respondents with less than a high school education (21%) than among those respondents with a high school education (8%), and college education (7%) (Table 1 and Figure 1).
- The prevalence of reported diabetes diagnosis by a doctor was higher among those respondents with an annual household income of less than $20,000 (13%) than among those respondents with an annual household income of $20,000 - $50,000 (11%), and annual household income of over $50,000 (4%) (Table 1 and Figure 1).

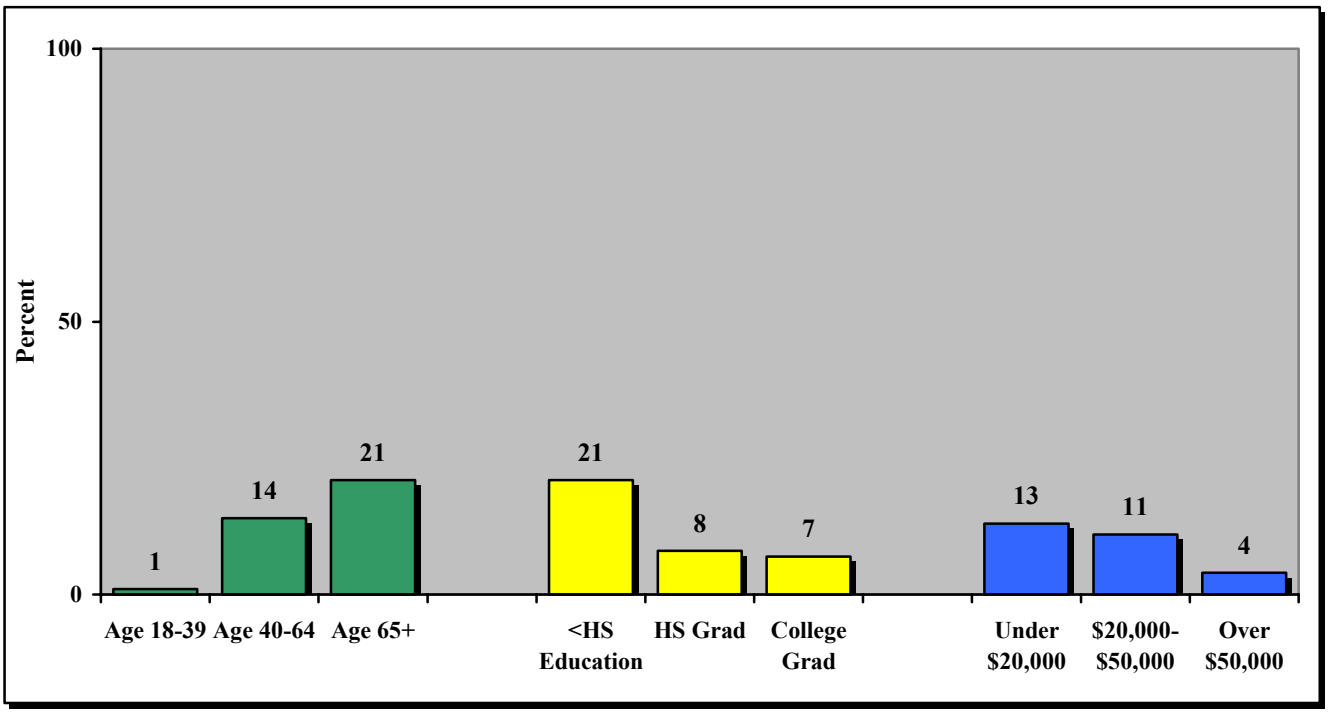
Diabetes (continued)

Risk Factor Definition: Have diabetes
Respondents who reported a diabetes diagnosis by a doctor.

Table 1: Reported diabetes

Age	(%)	Education	(%)	Income	(%)
18-39	1	<HS Education	21	<$20,000	13
40-64	14	HS Grad.	8	$20,000-$50,000	11
65+	21	College Grad.	7	>$50,000	4

Figure 1: Diabetes



Diabetes (continued)

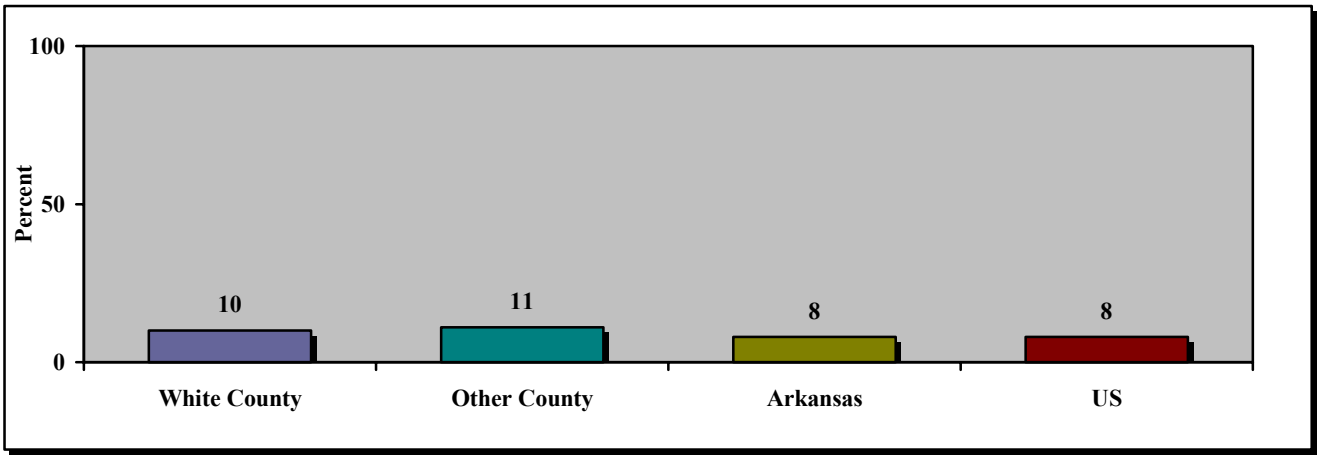
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on diabetes

- The prevalence of reported diabetes diagnosis by a doctor was lower among adults in White County (10%) than among adults in a neighboring county (11%).
- The prevalence of reported diabetes diagnosis by a doctor was higher among adults in White County (10%) than among adults in the state (8%), and nation (8%) (Figure 2).

Figure 2: Comparing reported findings on diabetes



Diabetes (continued)

How does White County compare?

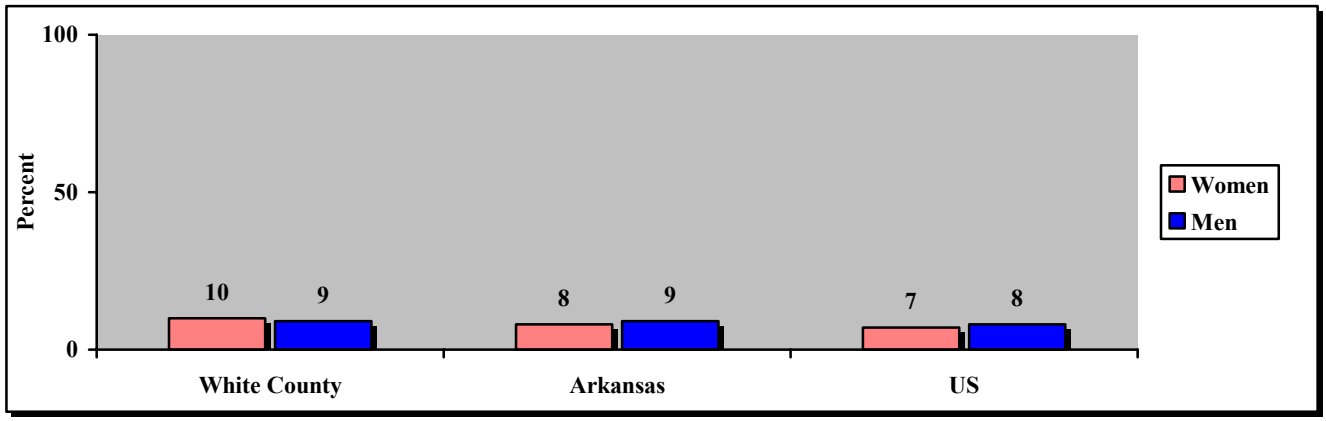
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing data on diabetes, by gender

- The prevalence of reported diabetes diagnosis by a doctor was higher among adult women in White County (10%) than among adult women in the state (8%), and adult women in the nation (7%) (Figure 3).

- The prevalence of reported diabetes diagnosis by a doctor was equal among adult men in White County (9%) and adult men in the state (9%); and higher than among adult men in the nation (8%) (Figure 3).

Figure 3: Comparing reported findings on diabetes, by gender



Arthritis

Arthritis is the leading cause of disability in the nation. Arthritis limits everyday activities and adversely affects physical and mental health. The term arthritis encompasses over 100 different conditions affecting the joints and muscles.

Diagnosed with Arthritis

Risk Factor Definition: Have arthritis

Question: Have you ever been told by a doctor that you have arthritis?

At Risk: Those who answered "yes" are considered at risk.

Who is at risk in White County?

- Twenty-nine percent (29%) of White County adults reported an arthritis diagnosis by a doctor.

- The prevalence of reported arthritis diagnosis by a doctor was lower among respondents aged 18-39 years (16%) than among respondents aged 40-64 years (33%), and respondents 65 years and older (51%) than (Table 1 and Figure 1).
- The prevalence of reported arthritis diagnosis by a doctor was higher among respondents with less than a high school education (56%) than among those respondents with a high school education (26%), and college education (18%) (Table 1 and Figure 1).
- The prevalence of reported arthritis diagnosis by a doctor was higher among those respondents with an annual household income of less than $20,000 (47%) than among those respondents with an annual household income of $20,000-$50,000 (25%), and annual household income of over $50,000 (20%) (Table 1 and Figure 1).

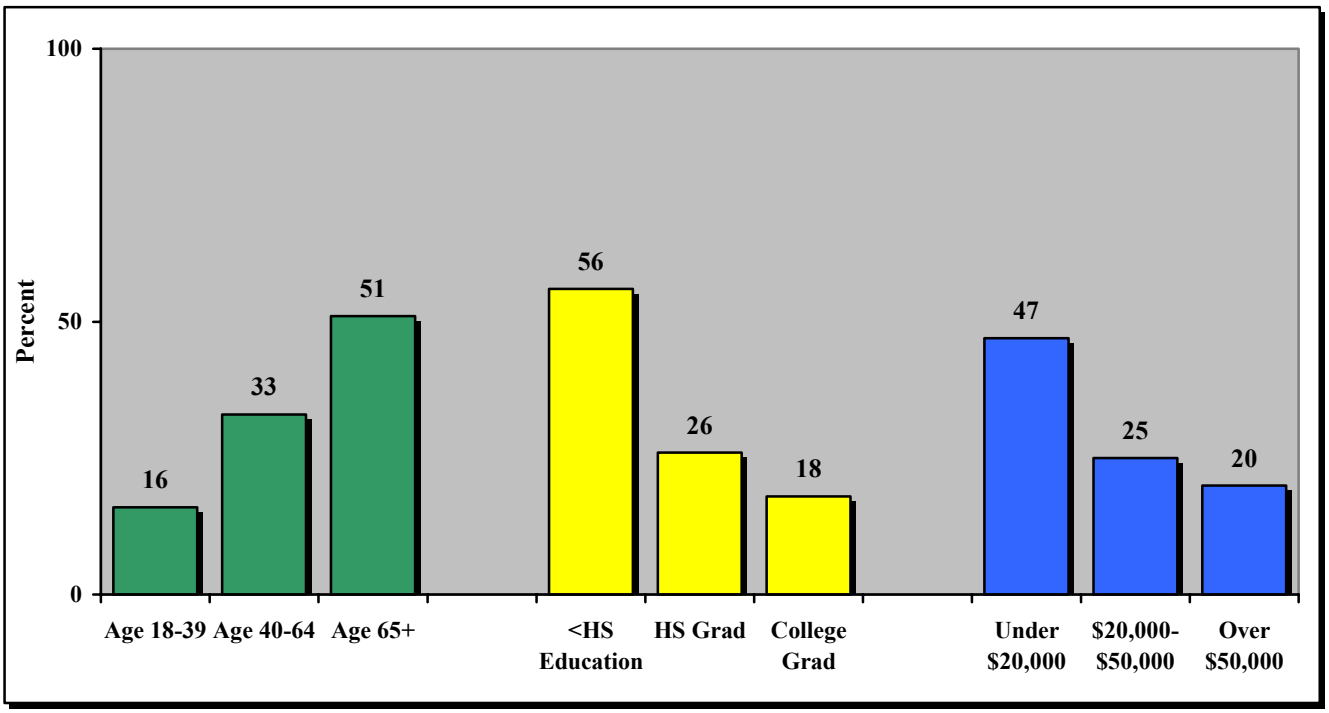
Arthritis (continued)

Risk Factor Definition: Have arthritis
Respondents who reported an arthritis diagnosis by a doctor.

Table 1: Arthritis

Age	(%)	Education	(%)	Income	(%)
18-39	16	<HS Education	56	<$20,000	47
40-64	33	HS Grad.	26	$20,000-$50,000	25
65+	51	College Grad.	18	$50,000	20

Figure 1: Arthritis



Arthritis (continued)

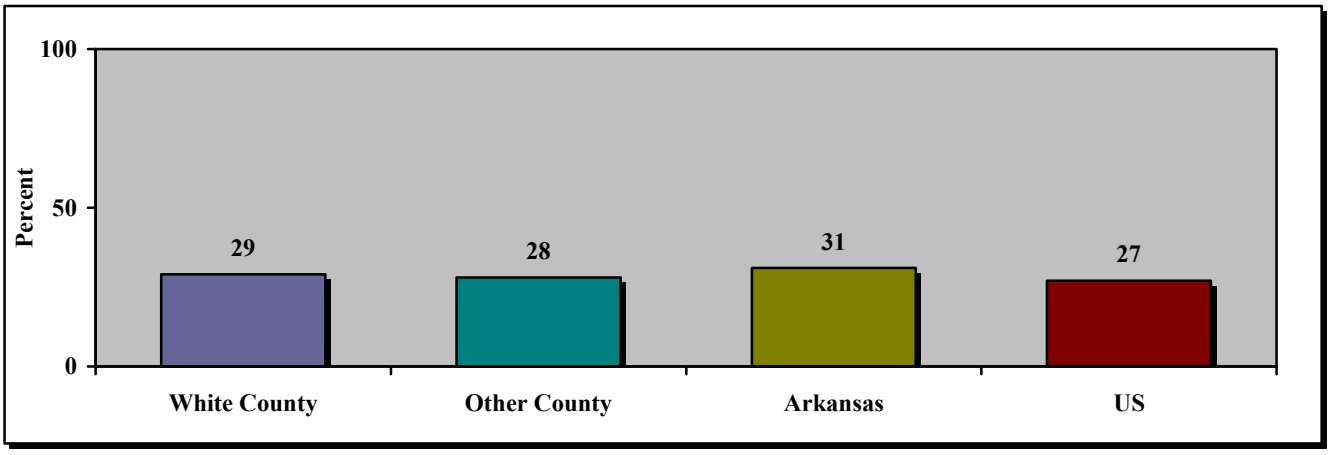
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on arthritis

- The prevalence of reported arthritis diagnosis by a doctor was higher among adults in White County (29%) than among adults in a neighboring county (28%) (Figure 2).
- The prevalence of reported arthritis diagnosis by a doctor was also lower among adults in White County (29%) than among adults in the state (31%); and higher than among adults in the nation (27%) (Figure 2).

Figure 2: Comparing reported findings on arthritis



Arthritis (continued)

How does White County compare?

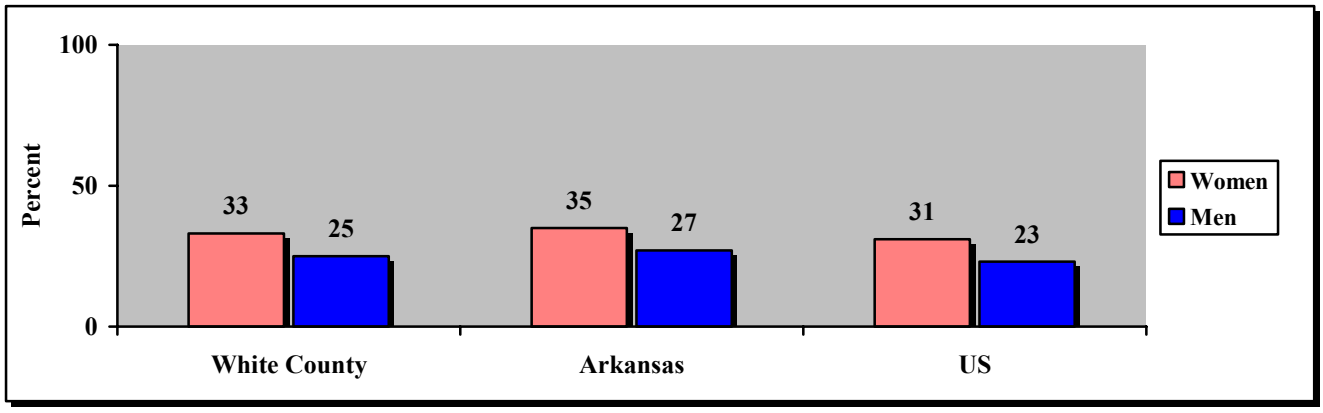
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 state and nationwide BRFSS data.

Comparing reported findings on arthritis, by gender

- The prevalence of reported arthritis diagnosis by a doctor was lower among adult women in White County (33%) than among adult women in the state (35%); and higher than among adult women in the nation (31%) (Figure 3).

- The prevalence of reported arthritis diagnosis by a doctor was lower among adult men in White County (25%) than among adult men in the state (27%); and higher than among adult men in the nation (23%) (Figure 3).

Figure 3: Comparing reported findings on arthritis, by gender.



Arthritis (continued)

Activity Limitations

Risk Factor Definition: Have activity limitations due to joint symptoms

Question: Are you now limited in any way in any activities because of joint symptoms?

At Risk: Those who answered "yes" are considered at risk.

Who is at risk in White County?

- Thirty-five percent (35%) of White County adults reported a limitation in activities due to joint symptoms.
- The prevalence of reported limitation in activities due to joint symptoms was lower among respondents aged 18-39 years (25%) than among respondents aged 40-64 years (41%), and respondents 65 years and older (38%) (Table 2 and Figure 4).
- The prevalence of reported limitation in activities due to joint symptoms was higher among respondents with less than a high school education (41%) than among those respondents with a high school education (35%), and college education (31%) (Table 2 and Figure 4).
- The prevalence of reported limitation due to joint symptoms was higher among those respondents with an annual household income of less than $20,000 (56%) than among those respondents with an annual household income of $20,000-$50,000 (26%), and annual household income of over $50,000 (28%) (Table 2 and Figure 4).

Arthritis (continued)

Risk Factor Definition: Have activity limitations due to joint symptoms
Respondents who reported a limitation in activities due to joint symptoms.

Table 2: Activity limitations

Age	(%)	Education	(%)	Income	(%)
18-39	25	<HS Education	41	<$20,000	56
40-64	41	HS Grad.	35	$20,000-$50,000	26
65+	38	College Grad.	31	>$50,000	28

Figure 4: Activity limitations

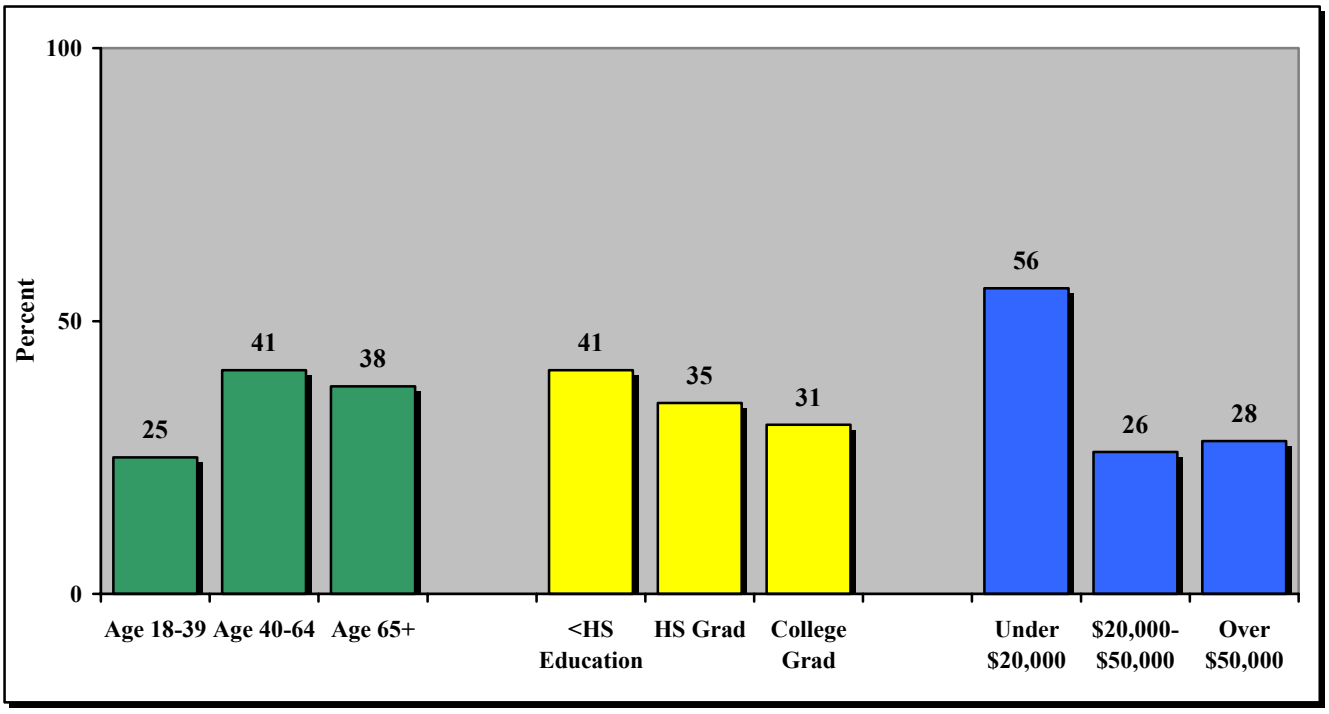
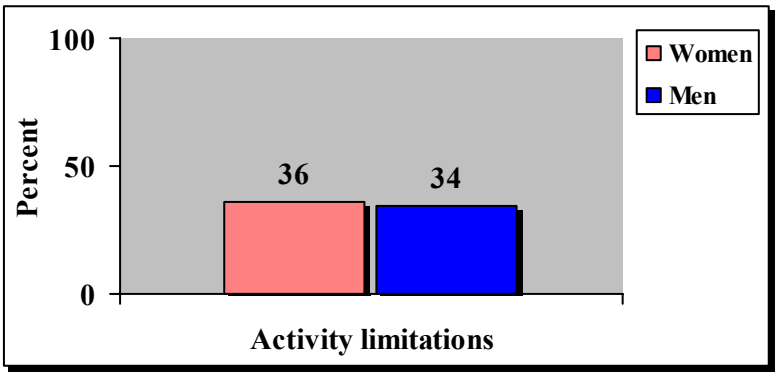


Figure 5: Activity limitations, by gender



The prevalence of reported activity limitations due to joint symptoms was **higher among adult women (36%) than among adult men (34%)** in White County (Figure 5).

Arthritis (continued)

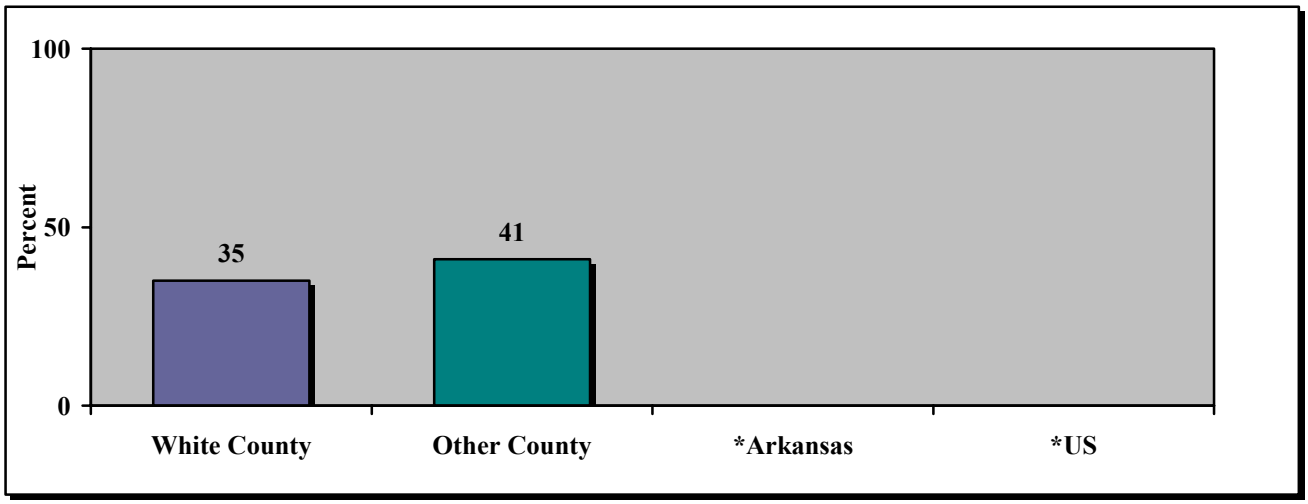
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on activity limitations due to joint symptoms

- The prevalence of reported activity limitations due to joint symptoms was lower among adults in White County (35%) than among adults in a neighboring county (41%) (Figure 6).

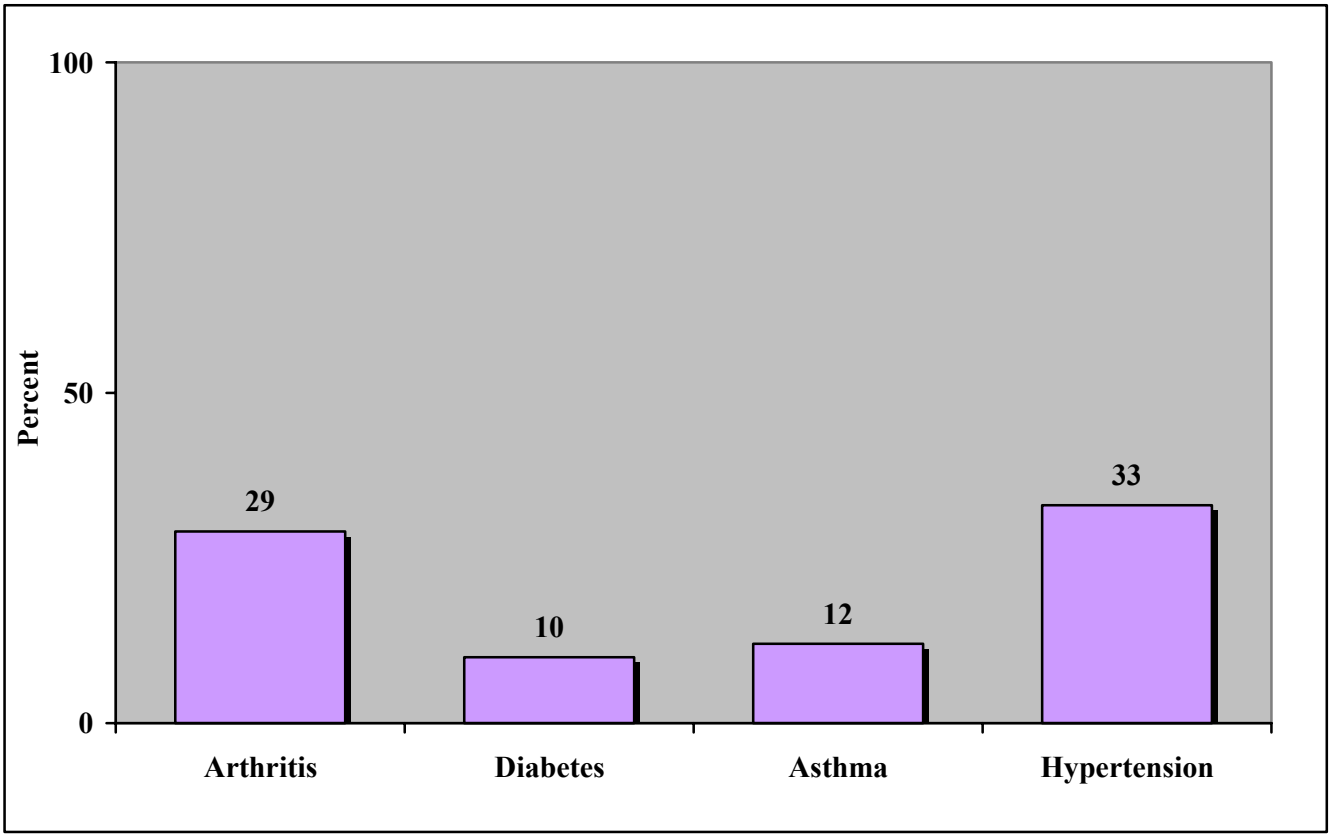
Figure 6: Comparing reported findings on activity limitations due to joint symptoms



*No comparison data available

White County - Summary of chronic conditions

Figure 1: Chronic conditions



Colorectal Cancer Screening

Colorectal cancer is the second leading cause of all cancer deaths in Arkansas according to the Arkansas Cancer Coalition. Some of the risk factors include age, family, history, physical inactivity, obesity and cigarette smoking.

Sigmoidoscopy and colonoscopy are exams in which a tube is inserted into the rectum to view the bowel for signs of cancer or other health problems.

Risk Factor Definition: Over age 50 and never been screened

Question: Have you ever had these exams?

At Risk: Those aged 50 and older who answered "no" are considered at risk.

Who is at risk in White County?

- Fifty percent (50%) of White County adults over the age of 50 reported they had never been screened for colorectal cancer.

- The prevalence of reported never been screened for colorectal cancer was higher among the respondents aged 50-64 years (58%) than among respondents 65 years and older (43%) (Table 1 and Figure 1).

- The prevalence of reported never been screened for colorectal cancer was higher among respondents with less than a high school education (59%) than among those respondents with a high school education (49%), and a college education (46%) (Table 1 and Figure 1).

- The prevalence of reported never been screen for colorectal cancer was lower among those respondents with an annual household income of less than $20,000 (53%) than among those respondents with an annual household income of $20,000-$50,000 (56%); and higher than among those with an annual household income of over $50,000 (49%) (Table 1 and Figure 1).

Colorectal Cancer Screening (continued)

Risk Factor Definition: Over age 50 and never been screened
Respondents over the age of 50 who reported they had never been screened for colorectal cancer.

Table 1: Colorectal cancer screening

Age	(%)	Education	(%)	Income	(%)
18-49	N/A	<HS Education	59	<$20,000	53
50-64	58	HS Grad.	49	$20,000-$50,000	56
65+	43	College Grad.	46	$50,000	49

Figure 1: Colorectal cancer screening

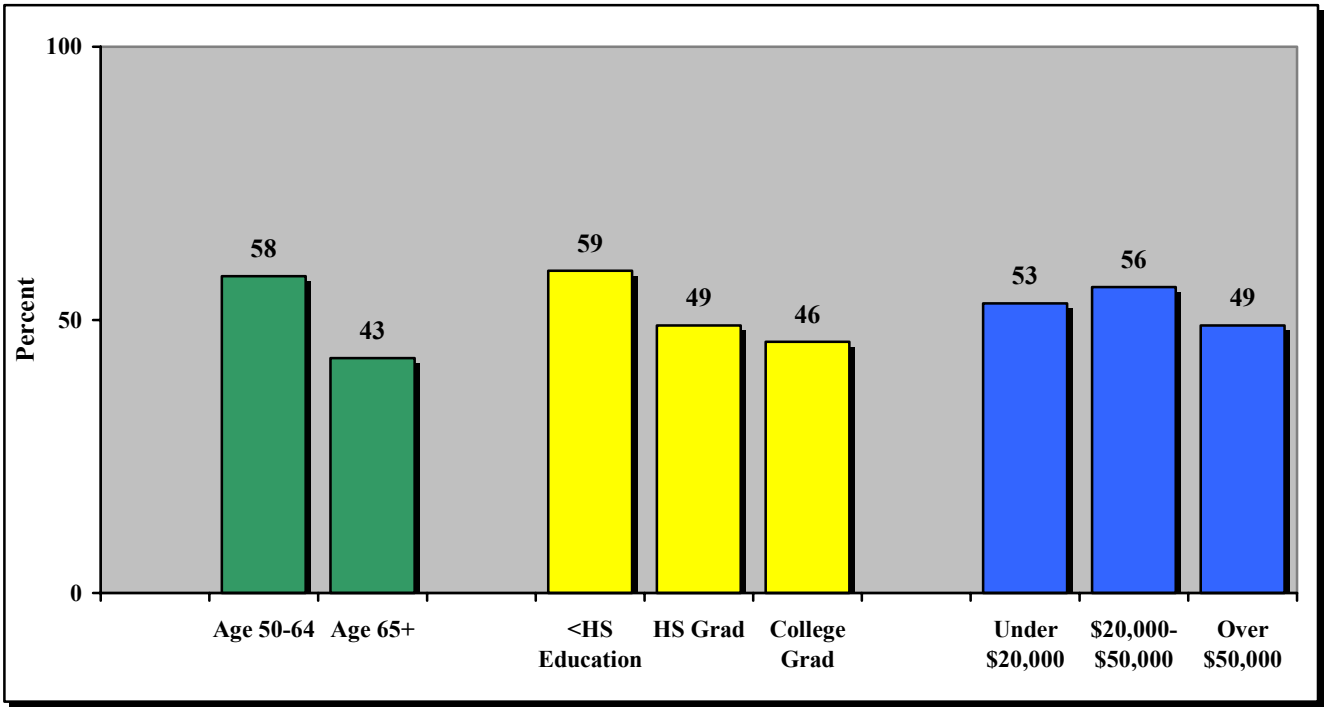
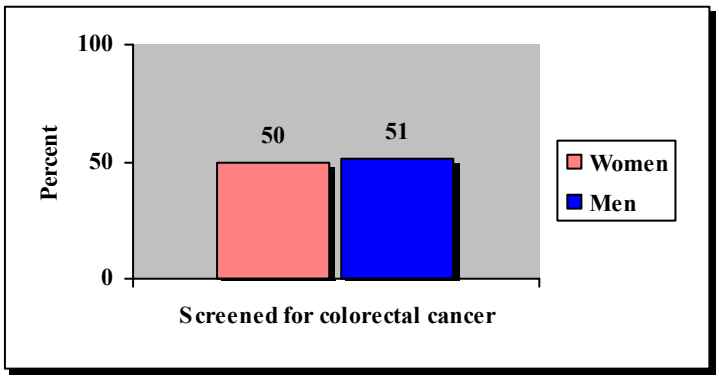


Figure 2: Colorectal cancer screening, by gender



The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was **lower among adult women (50%) than among adult men (51%)** in White County (Figure 2).

Colorectal Cancer Screening (continued)

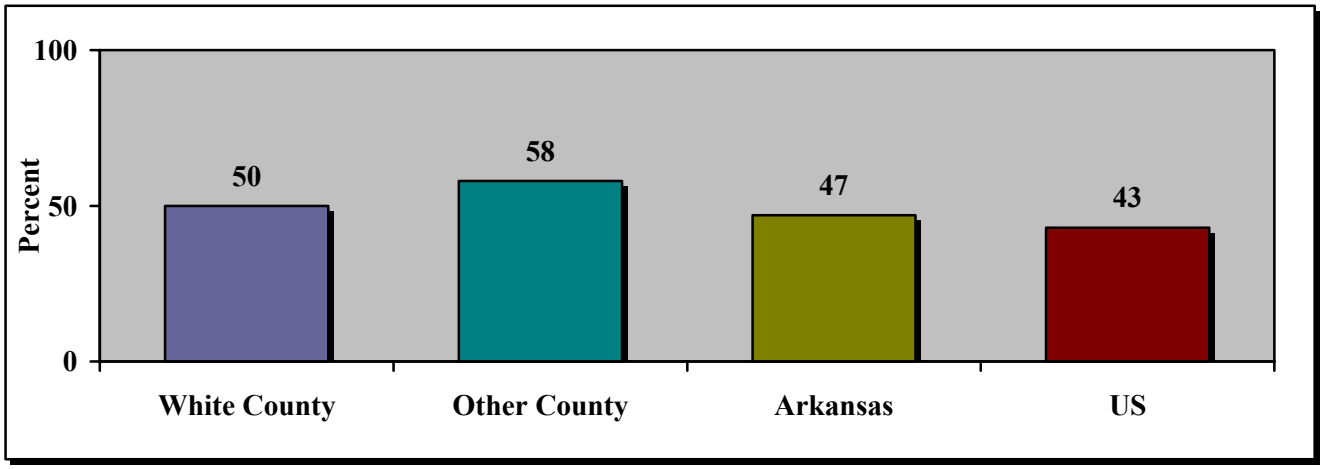
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on colorectal cancer screening

- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was lower among adults in White County (50%) than among adults in a neighboring county (58%) (Figure 3).
- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was higher among adults in White County (50%) than among adults in the state (47%), and adults in the nation (43%) (Figure 3).

Figure 3: Comparing reported findings on colorectal cancer screening



Colorectal Cancer Screening (continued)

How does White County compare?

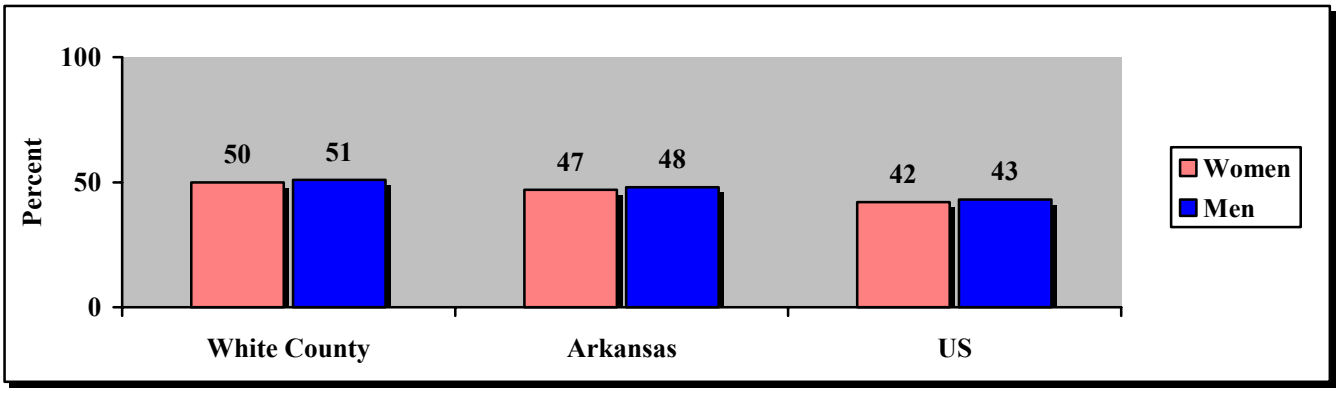
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on colorectal cancer screening, by gender

- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was higher among adult women in White County (50%) than among adult women in the state (47%), and adult women in the nation (42%) (Figure 4).

- The prevalence of reported never been screened for colorectal cancer among respondents over 50 years of age was higher among adult men in White County (51%) than among adult men in the state (48%), and adult men in the nation (43%) (Figure 4).

Figure 4: Comparing reported findings on colorectal cancer screening, by gender



Prostate Cancer Screening

Prostate cancer is the most common form of cancer for men in Arkansas, aside from skin cancer. Age, race, family history, and diet may be risk factors for prostate cancer. Older men and African-American men are most at risk.

A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.

Risk Factor Definition: Male, over age 40, and not screened within the past year

Question: Have you ever had these exams?

At Risk: Those aged 40 and older who answered "no" are considered at risk.

Who is at risk in White County?

- Fifty-four percent (54%) of White County males over age 40 reported they had not been screened for prostate cancer in the year preceding the survey.
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was higher among respondents aged 40-64 years (65%) than among respondents 65 years and older (25%) (Table 1 and Figure 1).
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was higher among respondents with less than a high school education (73%) than among respondents with a high school education (55%), and those with a college education (42%) (Table 1 and Figure 1).
- The prevalence of reported not screened for prostate cancer in the year preceding the survey was higher among those respondents with an annual household income of less than $20,000 (54%) than among those respondents with an annual household income of $20,000- $50,000 (48%); and lower than among respondents with an annual household income of over $50,000 (55%) (Table 1 and Figure 1).

Prostate Cancer Screening (continued)

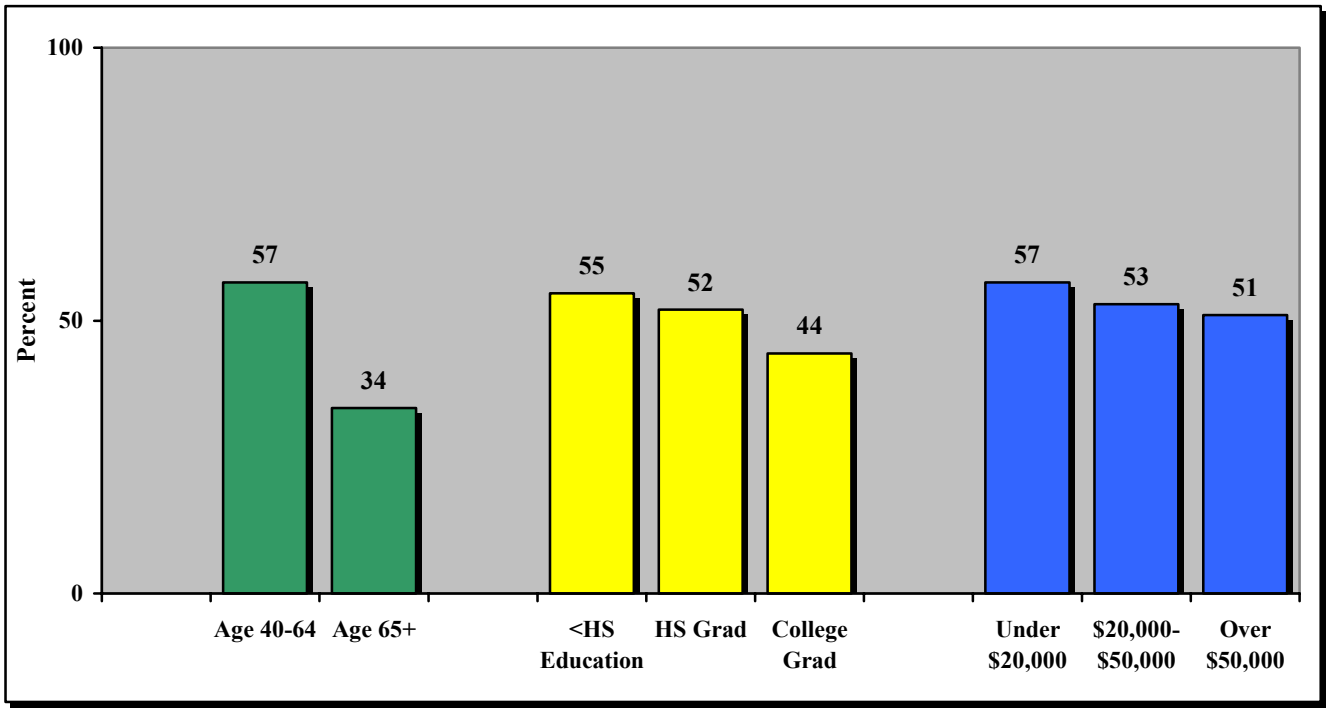
Risk Factor Definition: Male, over age 40, and not screened within the past year

Male respondents over 40 years of age who reported they had not been screened for prostate cancer in the past year preceding the survey.

Table 1: Prostate cancer screening

Age	(%)	Education	(%)	Income	(%)
18-39	N/A	<HS Education	55	<$20,000	57
40-64	57	HS Grad.	52	$20,000-$50,000	53
65+	34	College Grad.	44	>$50,000	51

Figure 1: Prostate cancer screening



Prostate Cancer Screening (continued)

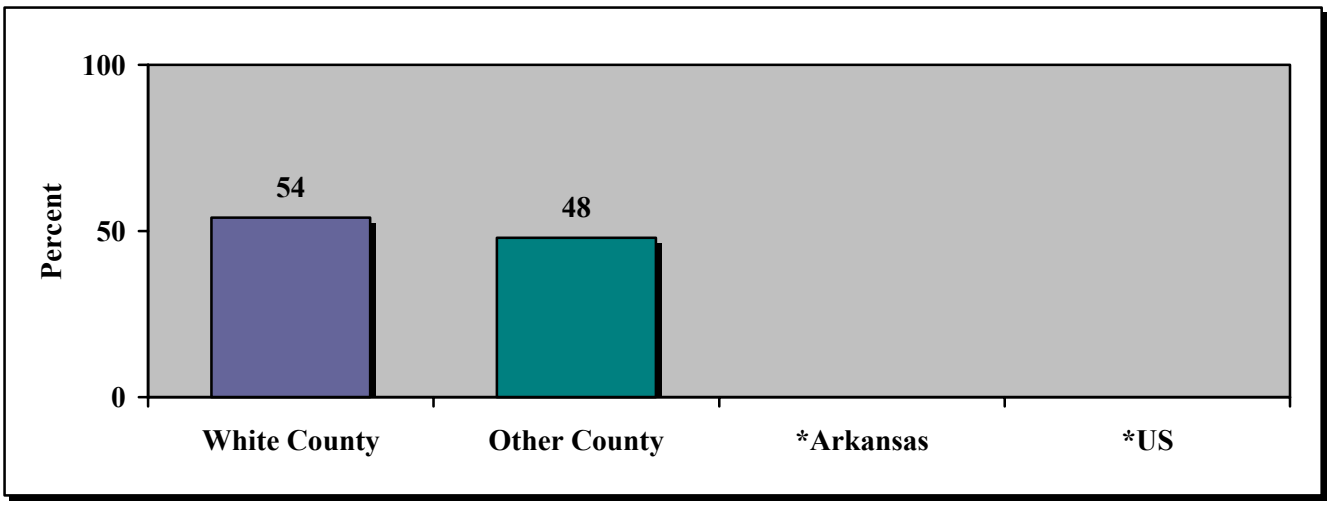
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on prostate cancer screening

- The prevalence of reported not screened for prostate cancer in the year preceding the survey among male respondents over 40 years of age was higher among men in White County (54%) than among men in a neighboring county (48%) (Figure 2).

Figure 2: Comparing reported findings on prostate cancer screening



*No comparison data available

Immunization – Influenza Shot

Immunization against influenza can prevent serious illness and death. Getting the flu shot not only helps you but it lessens the chance that you will spread the illness to someone else.

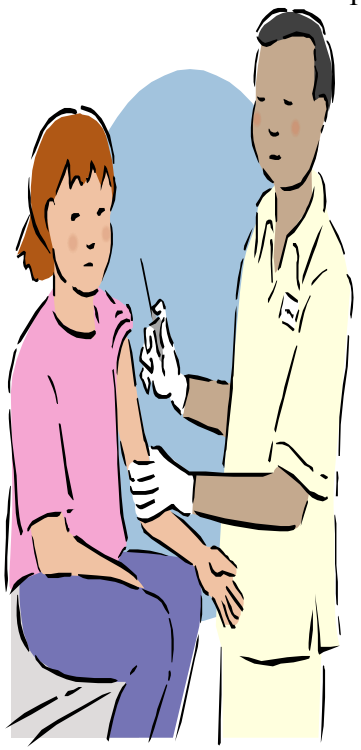
Risk Factor Definition: No influenza shot within past 12 months

Question: During the past 12 months, have you had a flu shot?

At Risk: Those who answered "No" are considered at risk.

Who is at risk in White County?

- Seventy-two percent (72%) of White County adults reported that they had not had an influenza shot in the twelve months preceding the survey.



- The prevalence of reported no influenza shot in the twelve months preceding the survey was higher among respondents aged 18-39 years (84%) than among respondents aged 40-64 years (76%), and respondents 65 years and older (35%) (Table 1 and Figure 1).
- The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among respondents with less than a high school education (68%) than among those respondents with a high school education (73%), and respondents with a college education (75%) (Table 1 and Figure 1).
- The prevalence of reported no influenza shot in the twelve months preceding the survey was lower among those respondents with an annual household income of less than $20,000 (64%) than among those respondents with an annual household income of $20,000-$50,000 (75%), and those with an annual household income of over $50,000 (76%) (Table 1 and Figure 1).

Immunization – Influenza Shot (continued)

Risk Factor Definition: No influenza shot within past 12 months

Respondents who reported that they had not had an influenza shot in the twelve months preceding the survey.

Table 1: Immunization (influenza shot)

Age	(%)	Education	(%)	Income	(%)
18-39	84	<HS Education	68	<$20,000	64
40-64	76	HS Grad.	73	$20,000-$50,000	75
65+	35	College Grad.	75	>$50,000	76

Figure 1: Immunization (influenza shot)

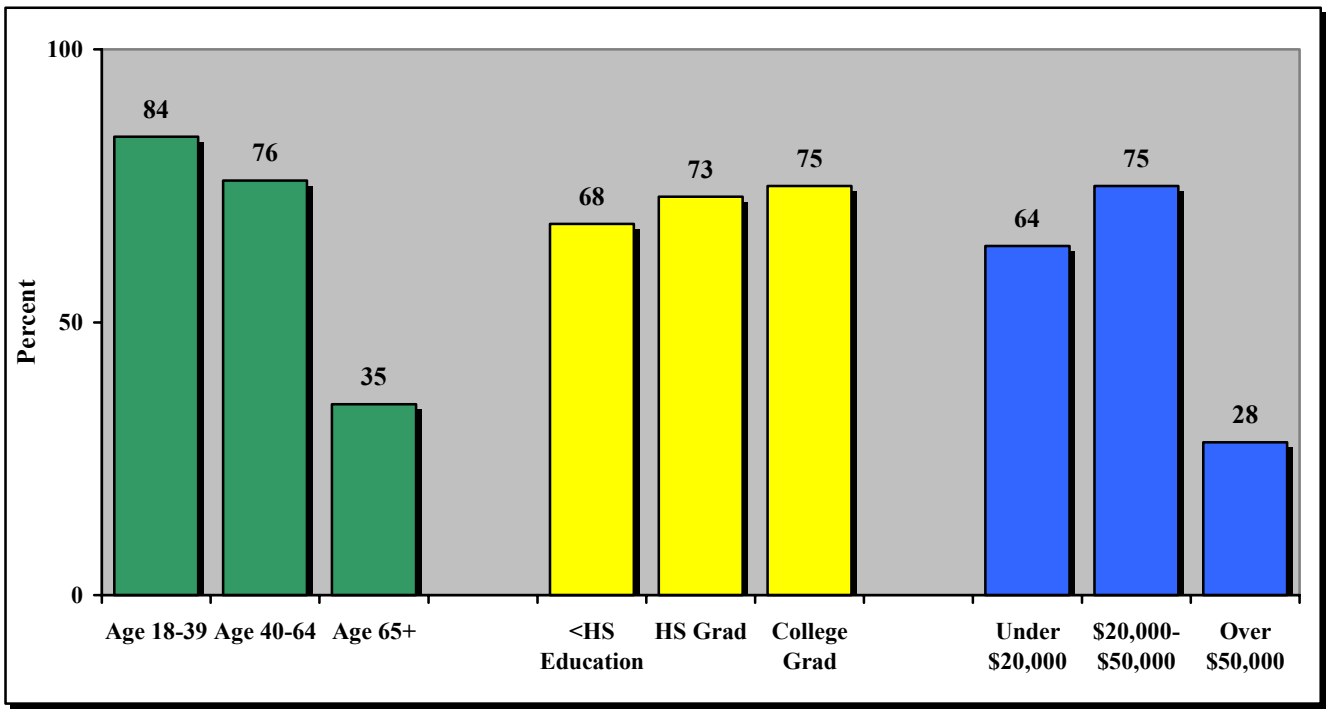
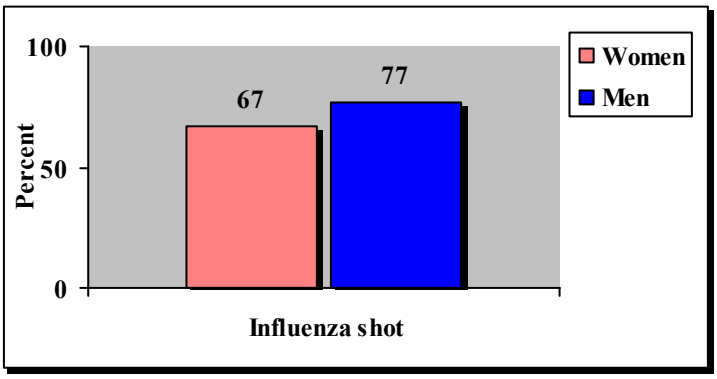


Figure 2: Influenza shot, by gender



The prevalence of reported no influenza shot in the twelve months preceding the survey was **lower among adult women (67%) than among adult men (77%)** in White County (Figure 2).

Immunization – Influenza Shot (continued)

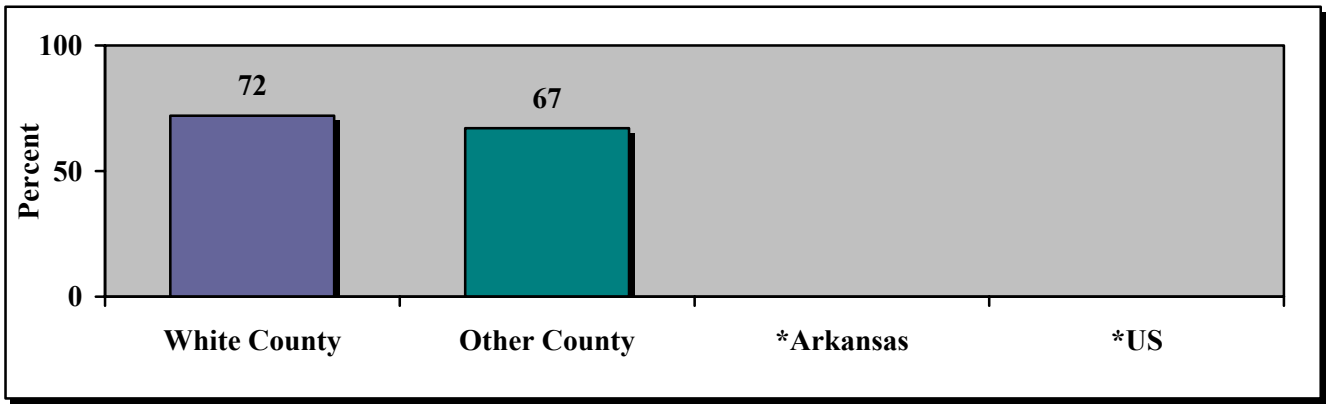
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on immunization (influenza shot)

- The prevalence of reported no influenza shot in the twelve months preceding the survey was higher among adults in White County (72%) than among adults in a neighboring county (67%) (Figure 3).

Figure 3: Comparing reported findings on immunization (influenza shot)

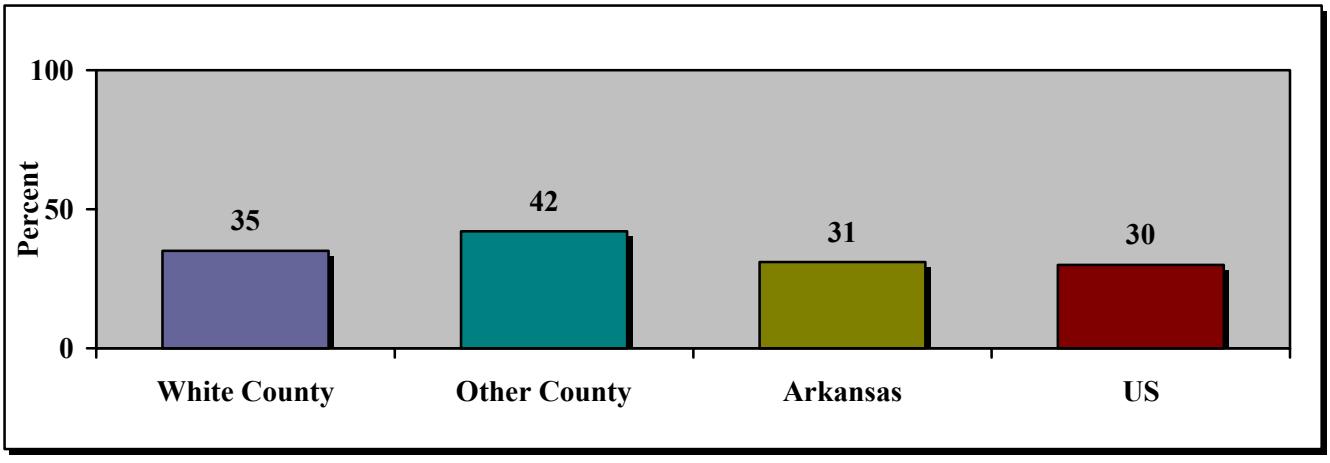


*No comparison data available

Comparing reported findings on immunization (influenza shot), 65+ year olds

- The prevalence of reported no influenza shot in the twelve months preceding the survey among respondents age 65 years and older was lower among respondents in White County (35%) than among respondents in a neighboring county (42%); and higher than among those in the state (31%) and nation (30%) (Figure 4).

Figure 4: Comparing reported findings on immunization (influenza shot), 65+ year olds



Physical Activity

Regular physical activity is important for people of all ages. It is important for maintaining a healthy body, enhancing quality of life, and preventing death.

Risk Factor Definition: Do not participate in regular physical activity

Questions: During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

At Risk: Those who do not participate in physical activity on a regular basis are at risk.

Who is at risk in White County?

- Thirty-one percent (31%) of White County's adult residents reported they did not participate in regular physical activity during the month preceding the survey.

- The prevalence of reported no regular physical activity in the month preceding the survey was lower among respondents aged 18-39 years (22%) than among those respondents aged 40-64 years (36%), and respondents age 65 years and older (40%) (Table 1 and Figure 1).

- The prevalence of reported no regular physical activity in the month preceding the survey was higher among respondents with less than a high school education (47%) than among those respondents with a high school education (31%), and college education (17%) (Table 1 and Figure 1).

- The prevalence of reported no regular physical activity in the month preceding the survey was higher among those respondents with an annual household income of less than $20,000 (48%) than among those respondents with an annual household income of $20,000-$50,000 (28%), and those with an annual household income of over $50,000 (23%) (Table 1 and Figure 1).

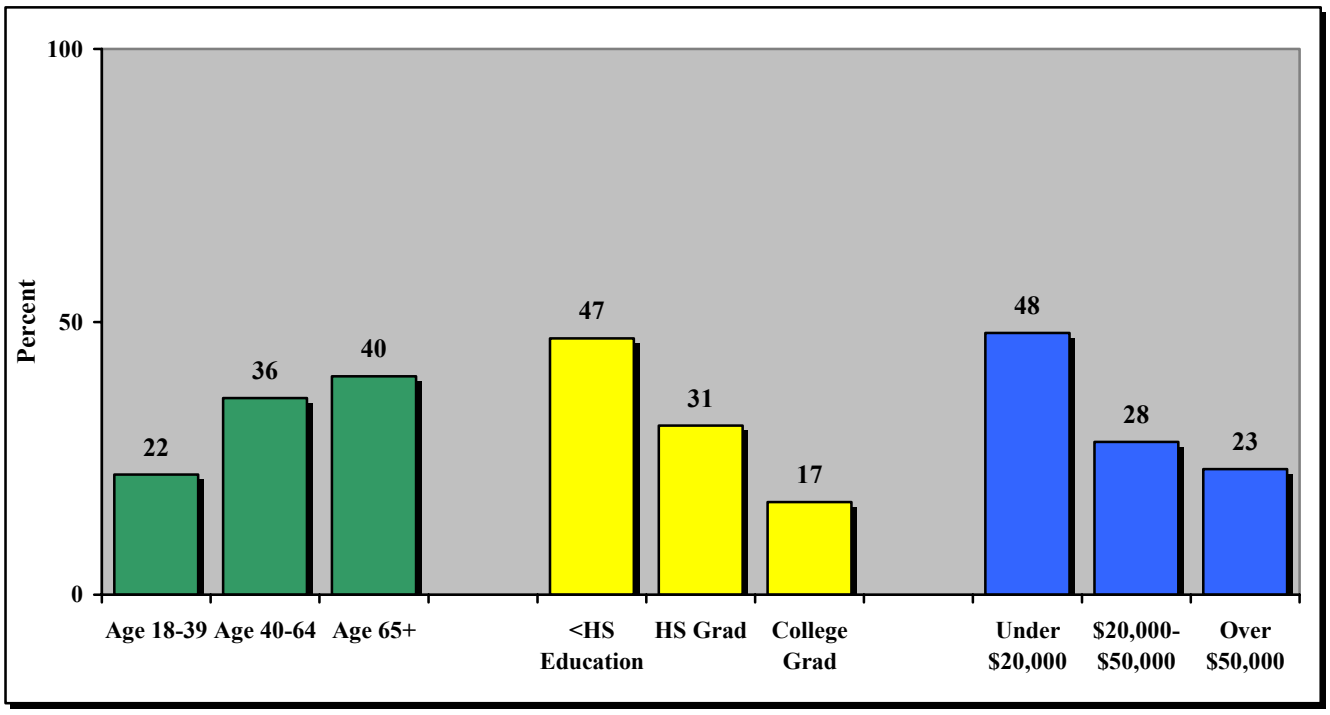
Physical Activity (continued)

Risk Factor Definition: Do not participate in regular physical activity
Respondents who reported they had not participated regular physical activity during the month preceding the survey.

Table 1: Physical activity

Age	(%)	Education	(%)	Income	(%)
18-39	22	<HS Education	47	<$20,000	48
40-64	36	HS Grad.	31	$20,000-$50,000	28
65+	40	College Grad.	17	>$50,000	23

Figure 1: Physical activity



Physical Activity (continued)

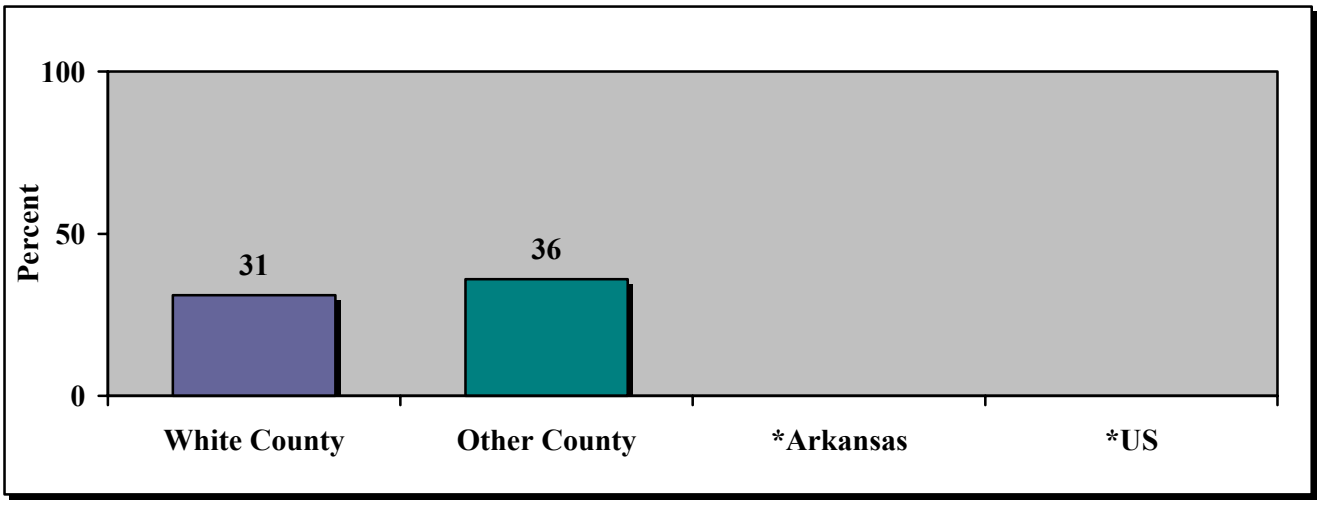
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on physical activity

- The prevalence of reported no regular physical activity in the month preceding the survey was lower among adults in White County (31%) than among adults in a neighboring county (36%) (Figure 2).

Figure 2: Comparing reported findings on physical activity



*No comparison data available

Overweight

Overweight and obesity have risen considerably over the past several years and are major contributors to preventable causes of death. They raise the risk of social stigmatization, discrimination, and low-self esteem along with raising the risk of certain illnesses. Some of these illnesses include high blood pressure, high cholesterol, diabetes, heart disease, stroke, gall bladder disease, arthritis, sleep disturbance, breathing problems, and certain types of cancer.

Risk Factor Definition: Overweight as measured by Body Mass Index (BMI)

Questions: 1. How much do you weigh without shoes?
2. How tall are you without shoes?

At Risk: Those with a Body Mass Index (BMI) of greater than 25.0 are overweight. BMI is a ratio of weight to height.

Who is at risk in White County?

- Sixty-two percent (62%) of White County's adults reported that they were overweight.
- The prevalence of reported overweight status was lower among respondents aged 18-39 years (56%) than among respondents aged 40-64 years (70%), and respondents 65 years and older (59%) (Table 1 and Figure 1).

- The prevalence of reported overweight status was lower among respondents with less than a high school education (60%) than among those respondents with a high school education (63%), and respondents with a college education (62%) (Table 1 and Figure 1).
- The prevalence of reported overweight status was equal among those respondents with an annual household income of less than $20,000 (62%) and those respondents with an annual household income of $20,000-$50,000 (62%); and lower than among those with an annual household income of over $50,000 (65%) (Table 1 and Figure 1).

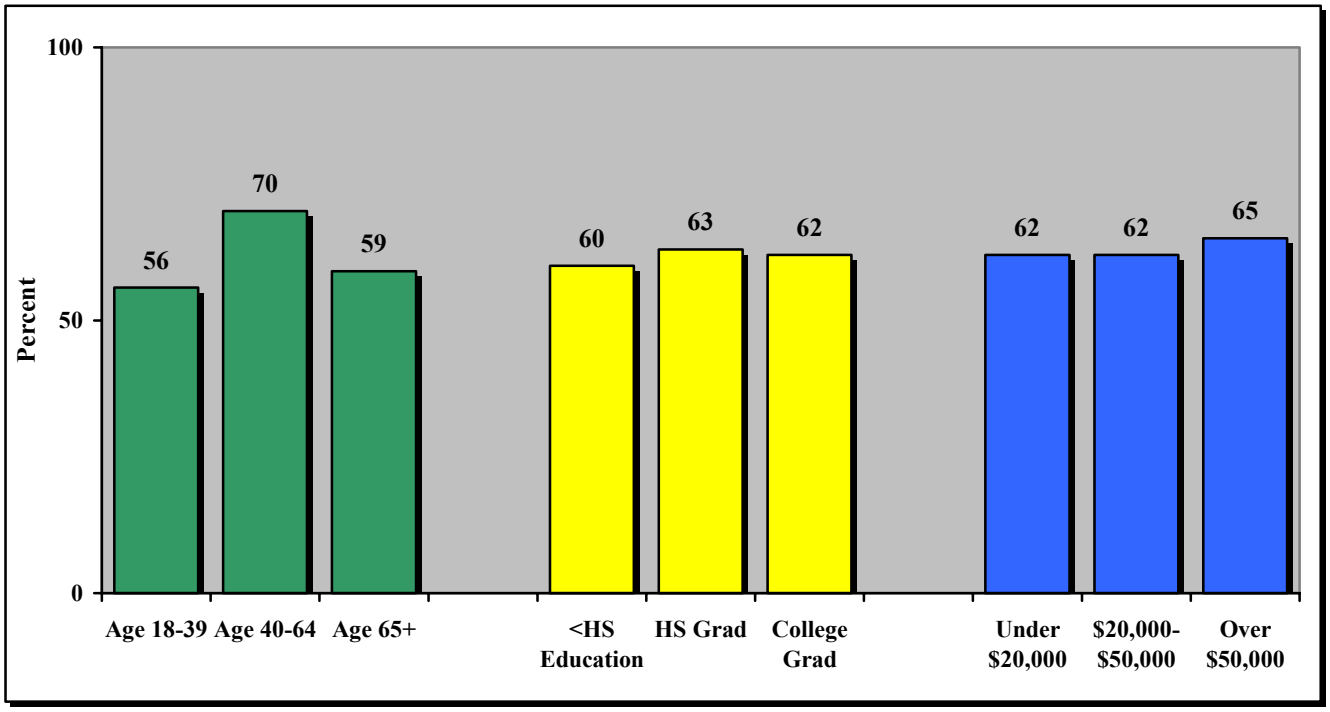
Overweight (continued)

Risk Factor Definition: Overweight as measured by Body Mass Index (BMI)
Respondents who reported that were overweight.

Table 1: Overweight

Age	(%)	Education	(%)	Income	(%)
18-39	56	<HS Education	60	<$20,000	62
40-64	70	HS Grad.	63	$20,000-$50,000	62
65+	59	College Grad.	62	$50,000	65

Figure 1: Overweight



Overweight (continued)

How does White County compare?

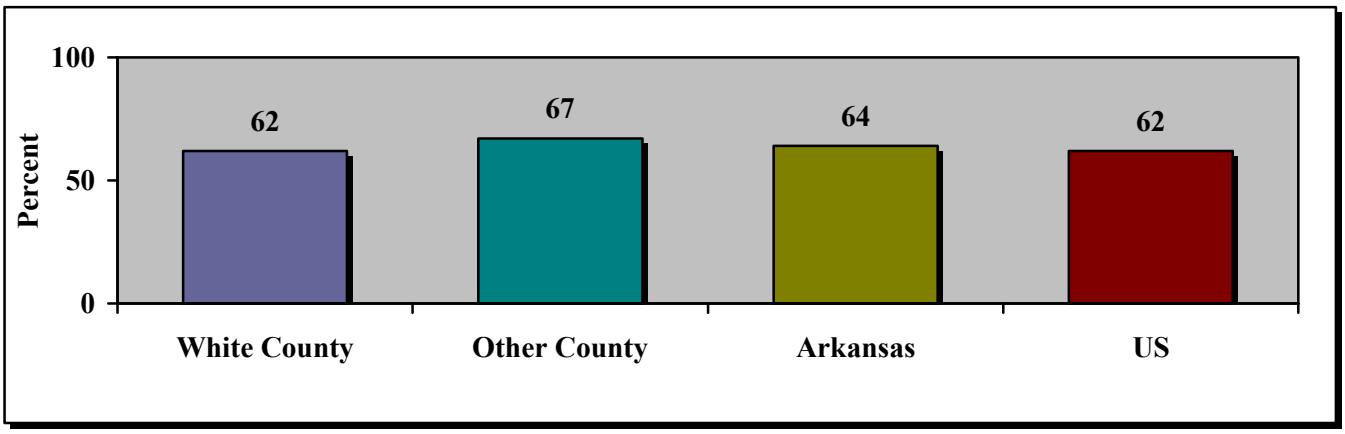
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2006 state and nationwide BRFSS data.

Comparing reported findings on overweight status

- The prevalence of reported overweight status was lower among adults in White County (62%) than among adults in a neighboring county (67%) (Figure 2).

- The prevalence of reported overweight status was lower among adults in White County (62%) than among adults in the state (64%); and equal to adults in the nation (62%) (Figure 2).

Figure 2: Comparing reported findings on overweight status



Overweight (continued)

How does White County compare?

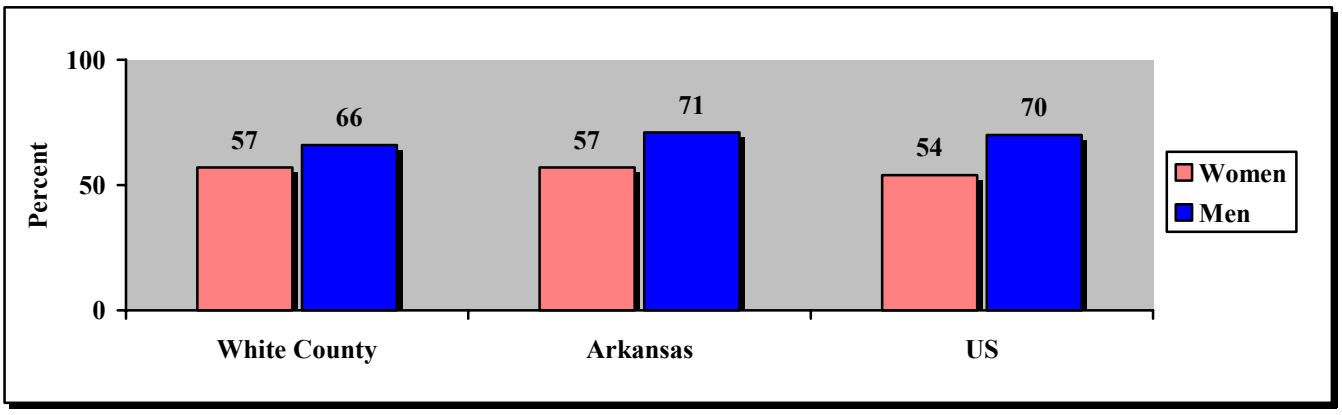
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on overweight status, by gender

- The prevalence of reported overweight status was equal among adult women in White County (57%) and among adult women in the state (57%); and higher than among adult women in the nation (54%) (Figure 3).

- The prevalence of reported overweight status was lower among adult men in White County (66%) than among adult men in the state (71%), and among adult men in the nation (70%) (Figure 3).

Figure 3: Comparing reported findings on overweight status, by gender



Disability

Survey respondents were asked about health problems or impairments they had. These include impairments that are either present at birth or acquired from illness or injury. People with disabilities face special challenges related to health, productivity, independence, and quality of life.

Risk Factor Definition: Disability

Questions: Are you limited in any way in any activities because of physical, mental, or emotional problems?

At Risk: Those who answered "yes" are considered at risk.

Who is at risk in White County?

- Twenty-six percent (26%) of adults in White County reported that they had some activity limitations due to physical, mental, or emotional problems.

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was lower among respondents aged 18-39 years (18%) than among those aged 40-64 years (31%), and respondents 65 years and older (33%) (Table 1 and Figure 1).

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among respondents with less than a high school education (41%) than among those respondents with a high school education (25%), and college education (15%) (Table 1 and Figure 1).

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among those respondents with an annual household income of less than $20,000 (46%) than among those respondents with an annual household income of $20,000-$50,000 (20%), and annual household income of over $50,000 (16%) (Table 1 and Figure 1).

Disability (continued)

Risk Factor Definition: Disability

Respondents who reported that they had some activity limitations due to physical, mental, or emotional problems.

Table 1: Disability

Age	(%)	Education	(%)	Income	(%)
18-39	18	<HS Education	41	<$20,000	46
40-64	31	HS Grad.	25	$20,000-$50,000	20
65+	33	College Grad.	15	>$50,000	16

Figure 1: Disability

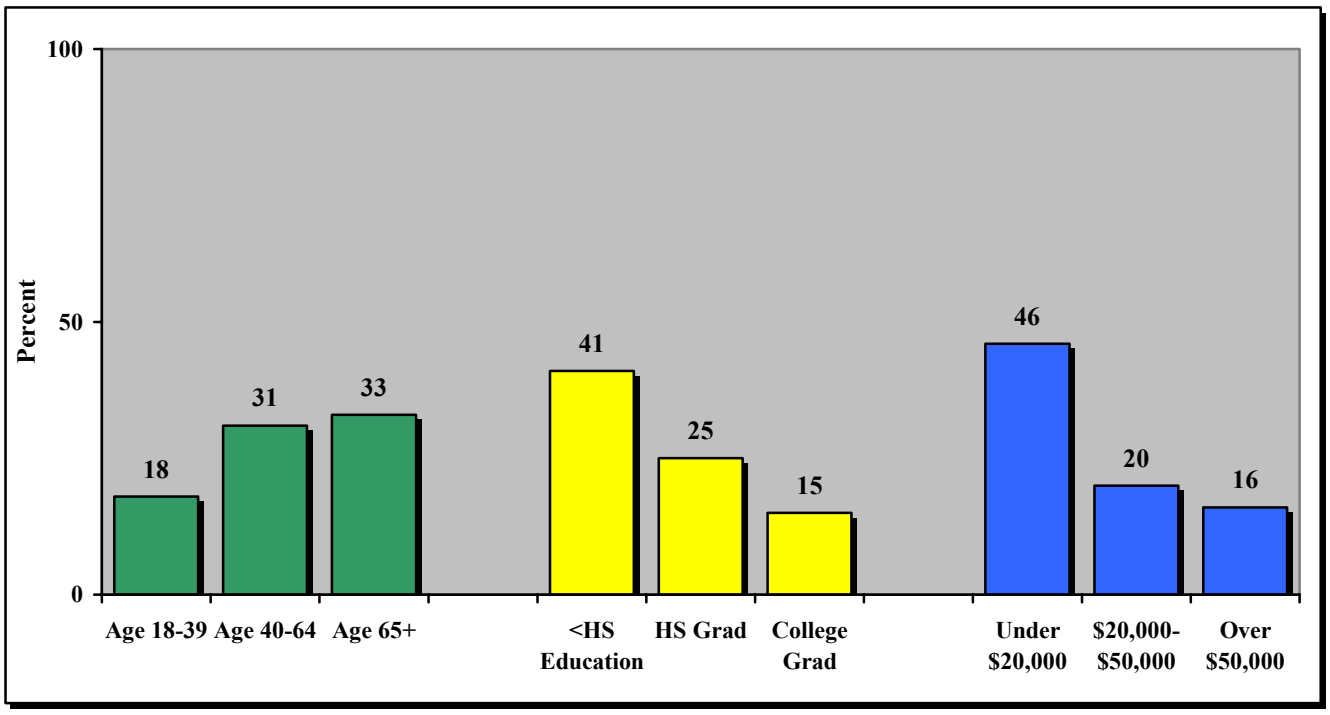
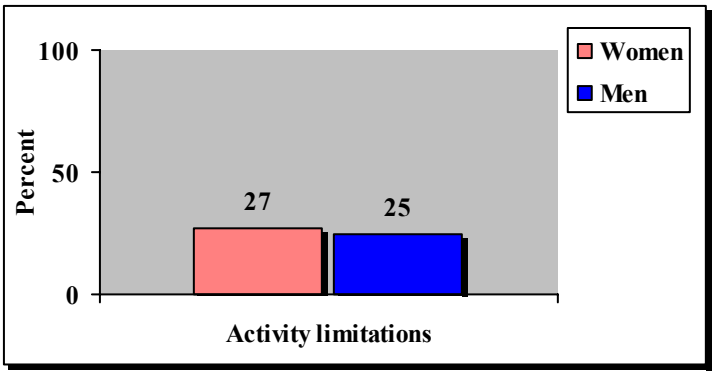


Figure 2: Disability, by gender



The prevalence of reported activity limitations due to physical, mental, or emotional problems was **higher among adult women (27%) than among adult men (25%)** in White County (Figure 2).

Disability (continued)

How does White County compare?

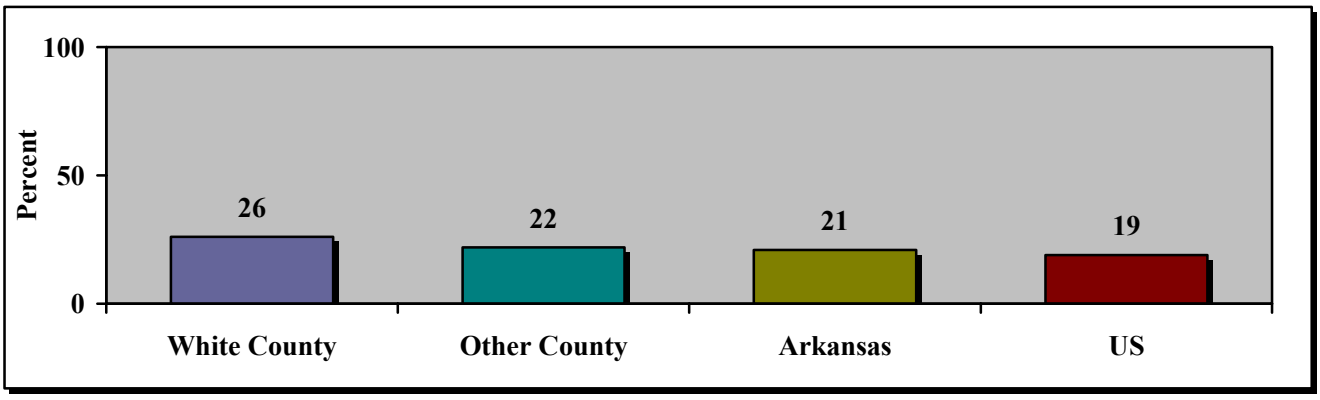
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on disability

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among adults in White County (26%) than among adults in the neighboring county (22%) (Figure 3).

- The prevalence of reported activity limitations due to physical, mental, or emotional problem was also higher among adults in White County (26%) than among adults in the state (21%), and nation (19%) (Figure 3).

Figure 3: Comparing data on disability



Disability (continued)

How does White County compare?

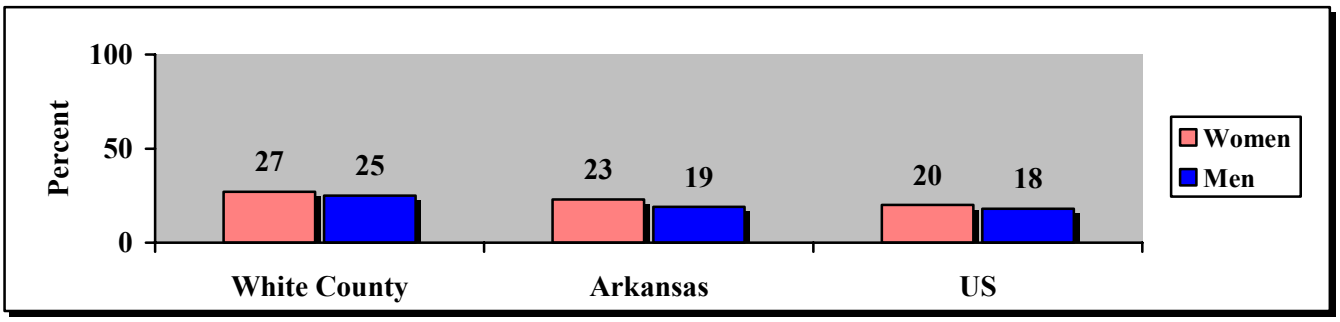
In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2005 state and nationwide BRFSS data.

Comparing reported findings on disability, by gender.

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among adult women in White County (27%) than among adult women in the state (23%), and adult women in the nation (20%) (Figure 4).

- The prevalence of reported activity limitations due to physical, mental, or emotional problems was higher among adult men in White County (25%) than among adult men in the state (19%), and in the nation (18%) (Figure 4).

Figure 4: Comparing data on disability, by gender



Alcohol Consumption

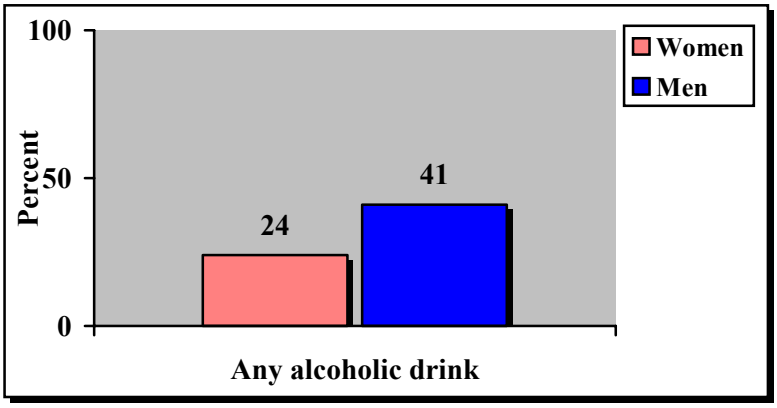
Many serious problems are associated with alcohol use. These include violence and injury.

Any Alcoholic Beverage

Question: During the past thirty days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- **Thirty-two percent** (32%) of the **adults** in White County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey.
- **Twenty-four percent (24%)** of the adult **female** residents in White County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey (Figure 1).
- **Forty-one percent (41%)** of the adult **male** residents in White County reported that they had had at least one drink of an alcoholic beverage in the thirty days preceding the survey (Figure 1).

Figure 1: Any alcoholic drink, by gender



Alcohol Consumption (continued)

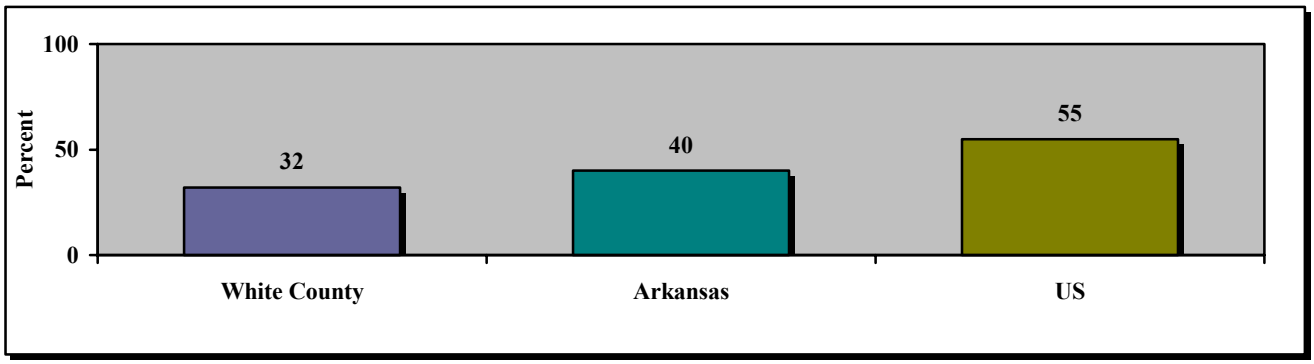
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 state and nationwide BRFSS data.

Comparing reported findings on consumption of any alcoholic drink

- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was lower among adults in White County (32%) than among than among adults in the state (40%), and among adults in the nation (55%) (Figure 2).

Figure 2: Comparing data on consumption of any alcoholic drink

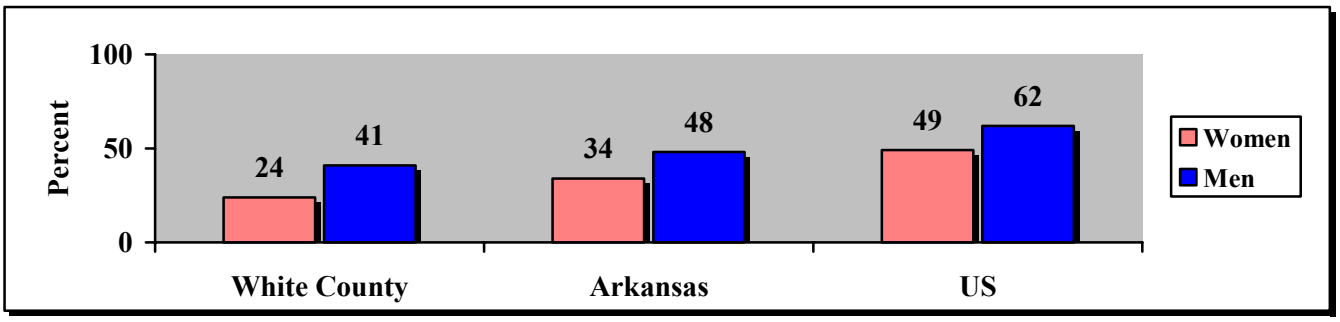


Comparing reported findings on consumption of any alcoholic drink, by gender

- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was lower among adult women in White County (24%) than among adult women in the state (34%), and nation (49%) (Figure 3).

- The prevalence of reported consumption of any alcoholic drink in the thirty days preceding the survey was lower among adult men in White County (41%) than among adult men in the state (48%), and nation (62%) (Figure 3).

Figure 3: Comparing data on consumption of any alcoholic drink, by gender



Alcohol Consumption (continued)

Binge Drinking

Risk Factor Definition: Binge drinking

Question: Considering all types of alcoholic beverages, how many times during the past month did you have five or more drinks on one occasion?

At Risk: **Of those respondents who reported that they had at least one alcoholic drink in the thirty days preceding the survey,** those who reported that they had had five or more drinks in a row on one or more occasion during the past month are considered at risk.

Who is at risk in White County?

- Of those who reported drinking at least once in the thirty days preceding the survey, **twenty-two percent (22%)** said they had consumed five or more drinks on at least one occasion in the past month.

- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **twenty-three percent (23%)** among respondents aged 18-39 years, **twenty-one percent (21%)** among respondents aged 40-64 years, and **twelve percent (12%),** and respondents 65 years and older (Table 1 and Figure 4).

- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **forty-one percent (41%)** among respondents with less than a high school education, **twenty-three percent (23%)** among respondents with a high school education, and **seven percent (7%)** among those with a college education (Table 1 and Figure 4).

- Of those who reported drinking at least once in the thirty days preceding the survey, the prevalence of reported binge drinking was **twenty-seven percent (27%)** among those respondents with an annual household income of less than $20,000, **thirty-two percent (32%)** among those respondents with an annual household income of $20,000-$50,000, and **ten percent (10%)** among respondents with an annual household income of over $50,000 (Table 1 and Figure 4).

Alcohol Consumption (continued)

Risk Factor Definition: Binge drinking

Of those respondents who reported drinking at least once in the thirty days preceding the survey, respondents who reported they had consumed five or more drinks on at least one occasion.

Table 1: Binge drinking

Age	(%)	Education	(%)	Income	(%)
18-39	23	<HS Education	41	<$20,000	27
40-64	21	HS Grad.	23	$20,000-$50,000	32
65+	12	College Grad.	7	>$50,000	10

Figure 4: Binge drinking

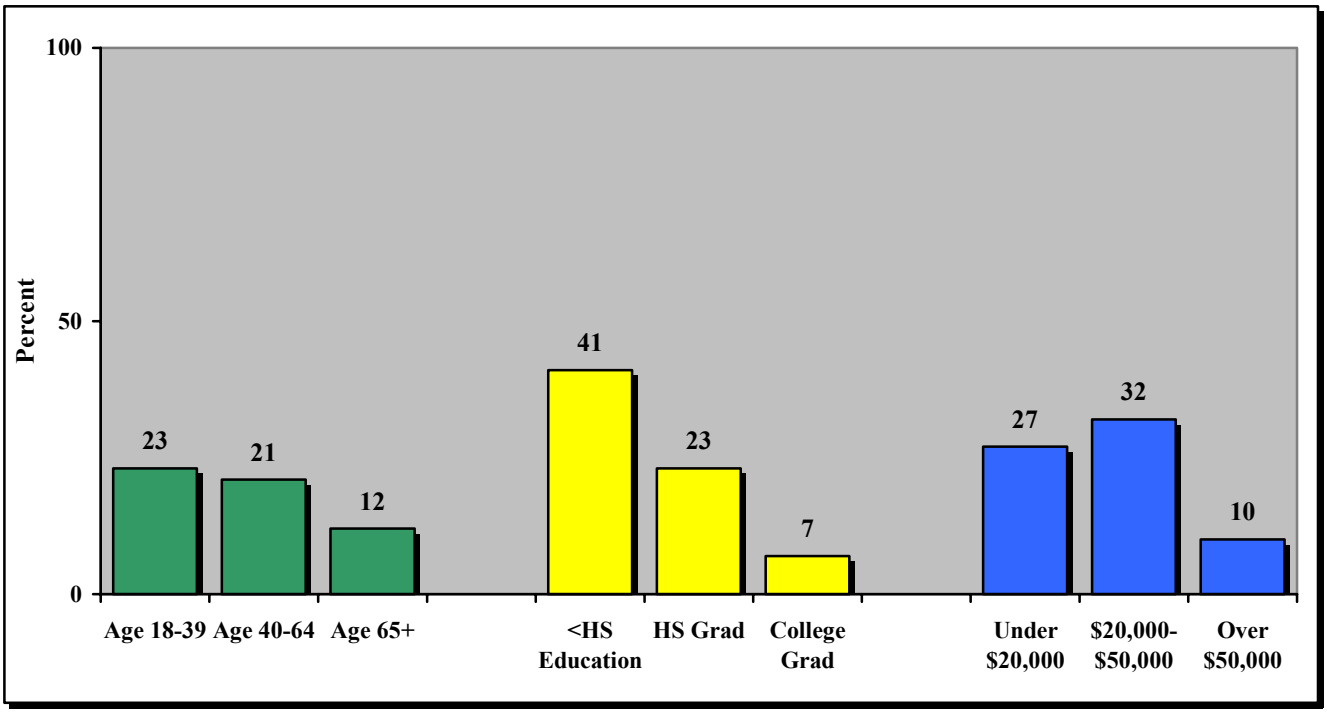
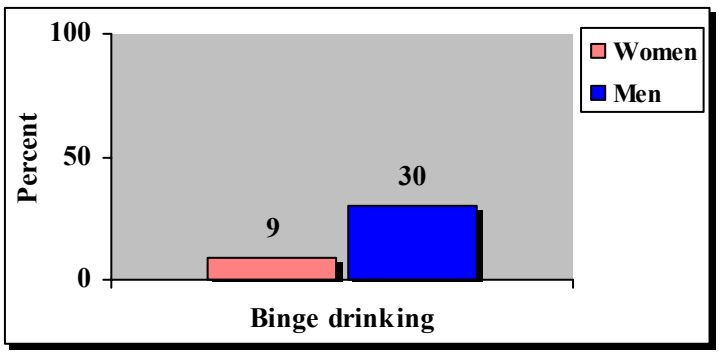


Figure 2: Binge drinking, by gender



Of those adults in White County who reported drinking at least once in the past thirty days, the prevalence of reported binge drinking **was nine percent (9%) among adult women and thirty percent (30%) among adult men** (Figure 2).

Tobacco Use

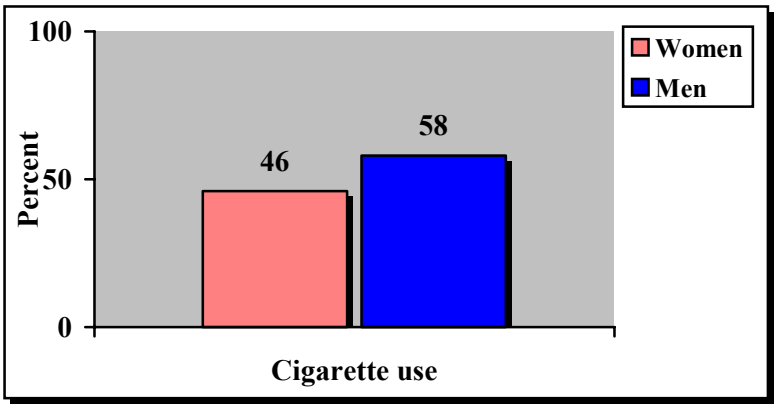
Questions regarding cigarette smoking, attempts to quit smoking, smoking in the household, and other uses of tobacco were asked as part of the White County Adult Health Survey. Cigarette smoking is the single most preventable cause of disease and death. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung disease.

Cigarette Use

Question: Have you smoked at least 100 cigarettes in your entire life?

- **Fifty-two percent (52%)** of the **adults** in White County reported that they had smoked at least 100 cigarettes in their entire lifetime.
- **Forty-six percent (46%)** of the adult **female** residents in White County reported that they had smoked at least 100 cigarettes in their entire lifetime (Figure 1).
- **Fifty-eight percent (58%)** of the adult **male** residents in White County reported that they had smoked at least 100 cigarettes in their entire lifetime (Figure 1).

Figure 1: Cigarette use, by gender



Tobacco Use (continued)

Current Cigarette Use

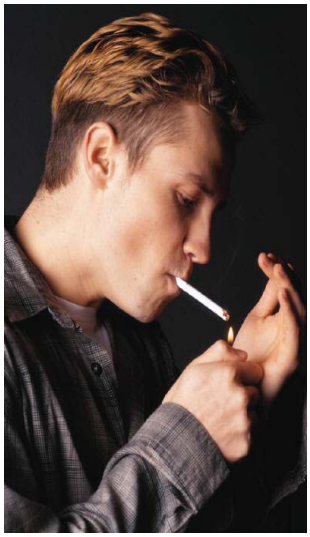
Risk Factor Definition: Currently smoke cigarettes

Question: Do you smoke cigarettes every day, some days, or not at all?

At Risk: Those respondents who reported that they now smoke cigarettes "every day" or "some days" (i.e. current cigarette use) are considered at risk.

Who is at risk in White County?

- Twenty-seven percent (27%) reported current cigarette use.
- The prevalence of reported current cigarette use was higher among the respondents aged 18-39 years (33%) than among respondents aged 40-64 years (28%), and among respondents 65 years and older (10%) (Table 1 and Figure 2).



- The prevalence of reported current cigarette use was higher among respondents with less than a high school education (39%) than among those respondents with a high school education (30%), and among those with a college education (9%) (Table 1 and Figure 2).
- The prevalence of reported current cigarette use was higher among those respondents with an annual household income of less than $20,000 (34%) than among those respondents with an annual household income of $20,000-$50,000 (27%), and among those respondents with an annual household income of over $50,000 (21%) (Table 1 and Figure 2).

Tobacco Use (continued)

Risk Factor Definition: Currently smoke cigarettes
Respondents who reported current cigarette use.

Table 1: Current cigarette use

Age	(%)	Education	(%)	Income	(%)
18-39	33	<HS Education	39	<$20,000	34
40-64	28	HS Grad.	30	$20,000-$50,000	27
65+	10	College Grad.	9	>$50,000	21

Figure 2: Current cigarette use

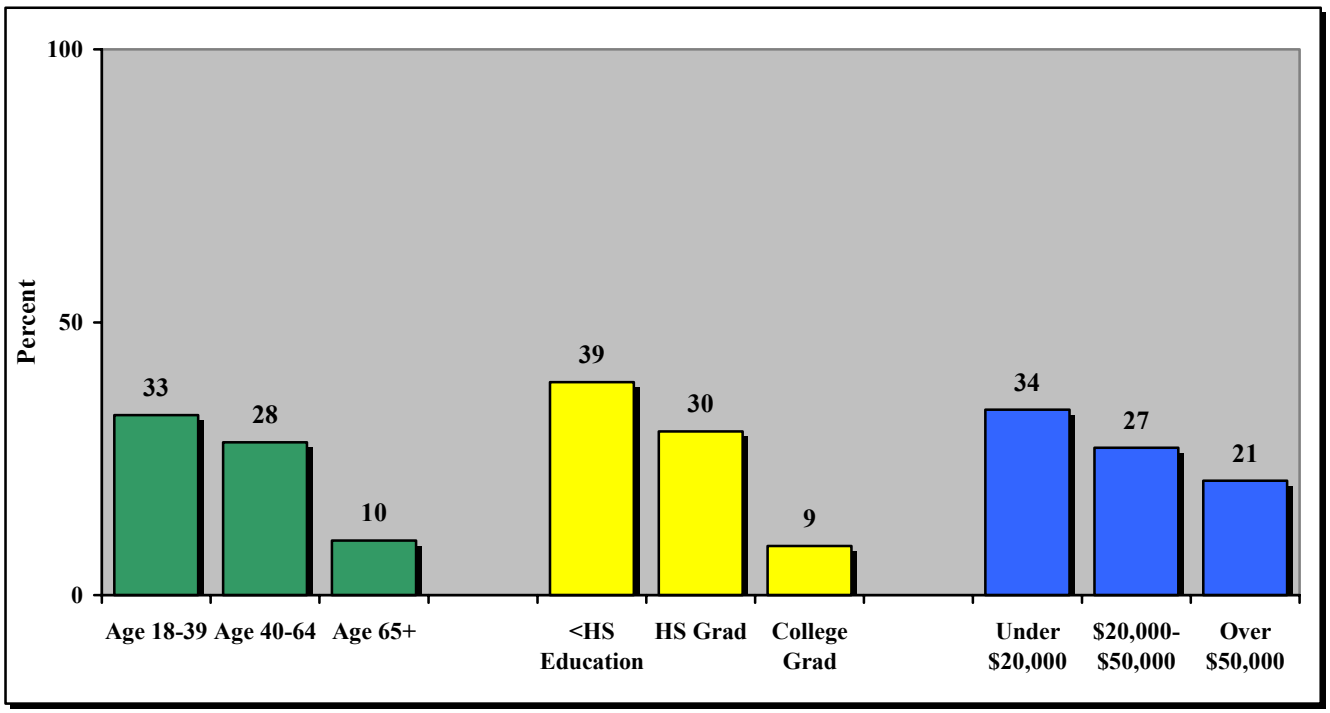
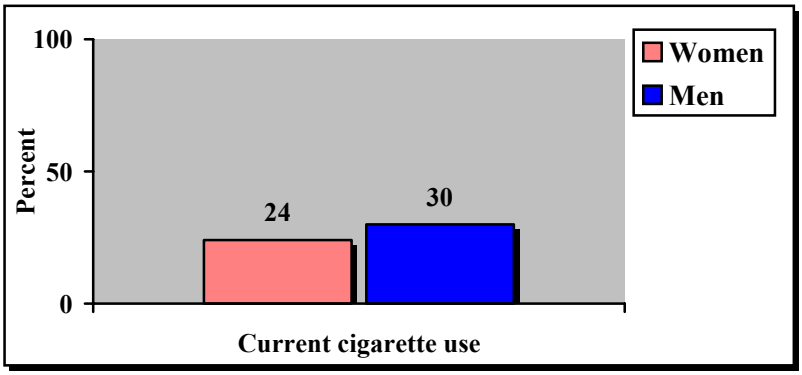


Figure 3: Current cigarette use, by gender



The prevalence of reported current cigarette smoking was **lower among adult women** (24%) than among adult men (30%) in White County (Figure 3).

Tobacco Use (continued)

Cigarette Smoking Cessation

Risk Factor Definition: Smoking cessation

Question: During the past 12 months, have you quit smoking for one day or longer?

At Risk: **Of those adults who reported current cigarette smoking,** those respondents who reported that they had made "no" attempt to stop smoking for one day or longer during the twelve months preceding the survey are considered at risk for continued cigarette smoking.

Who is at risk in White County?

- Of those adults in White County who reported current smoking, thirty-eight percent (38%) had not quit for at least one day in the past year.

- Of those adults in White County who reported current smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **twenty-eight percent (28%)** among respondents aged 18-39, **forty-nine percent (49%)** among respondents aged 40-64 years, and **forty-eight percent (48%)** among respondents 65 years and older (Table 2 and Figure 4).

- Of those adults in White County who reported current smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **seventy percent (70%)** among respondents with less than a high school education, **thirty percent (30%)** among respondents with a high school education, and **twelve percent (12%)** among those with a college education (Table 2 and Figure 4).

- Of those adults in White County who reported current smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding survey was **thirty-seven percent (37%)** among those respondents with an annual household income of less than $20,000, **thirty-six percent (36%)** among those respondents with an annual household income of $20,000-$50,000, and **thirty-four percent (34%)** among respondents with an annual household income of over $50,000 (Table 2 and Figure 4).

Tobacco Use (continued)

Risk Factor Definition: Smoking cessation

Of those adults who reported current cigarette smoking, respondents who reported that they had made no quit smoking attempts in the twelve months preceding survey.

Table 2: No smoking cessation attempt

Age	(%)	Education	(%)	Income	(%)
18-39	28	<HS Education	70	<$20,000	37
40-64	49	HS Grad.	30	$20,000-$50,000	36
65+	48	College Grad.	12	>$50,000	34

Figure 4: No smoking cessation attempt

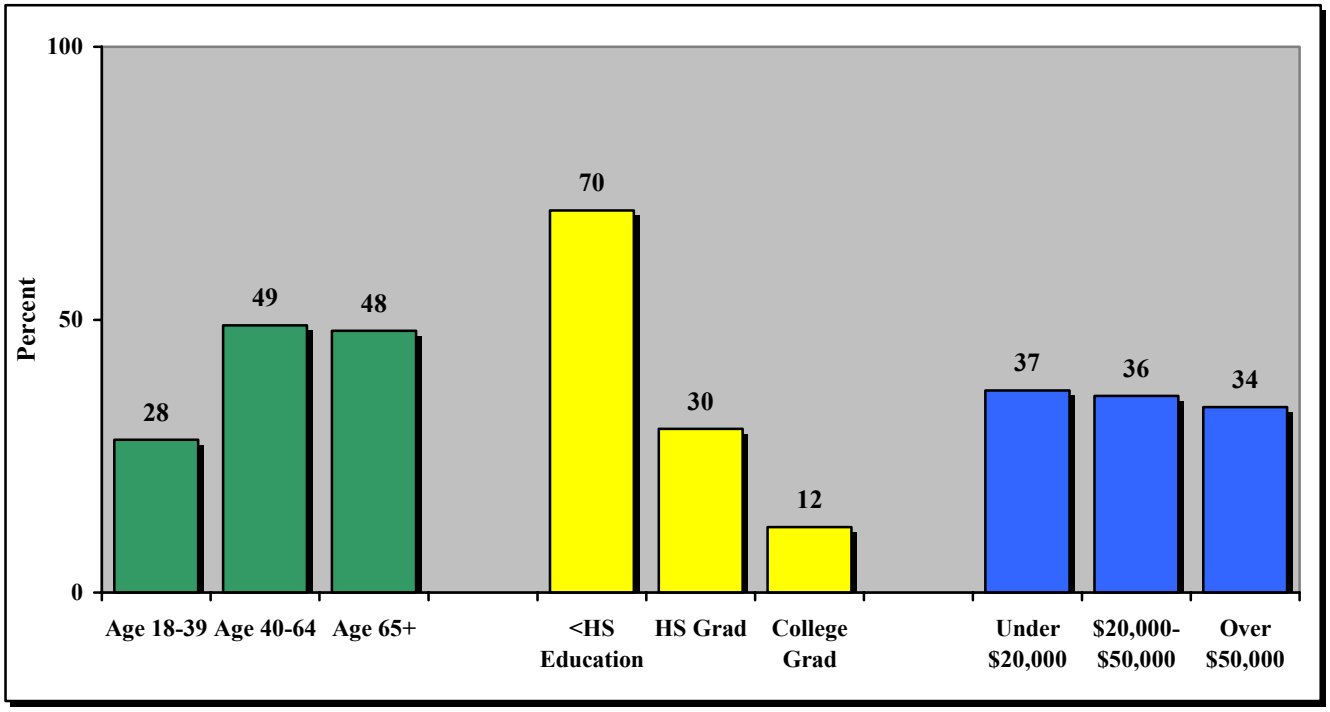
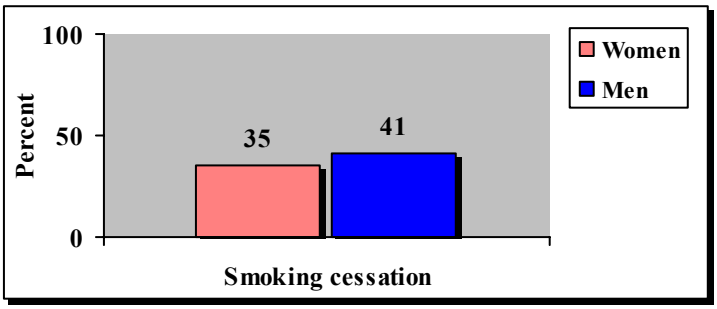


Figure 5: No smoking cessation attempt, by gender

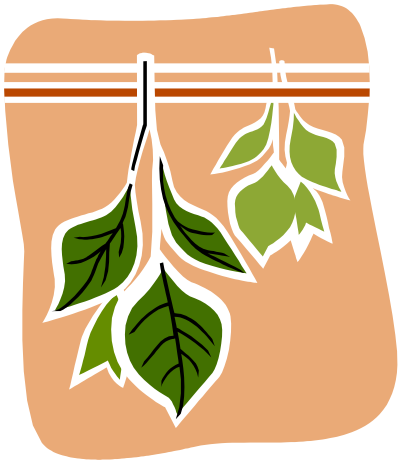


Of those adults in White County who reported current smoking, the prevalence of reported made no quit smoking attempts in the twelve months preceding the survey was **thirty-five percent (35%) among women and forty-one percent (41%) among men** (Figure 5).

Tobacco Use (continued)

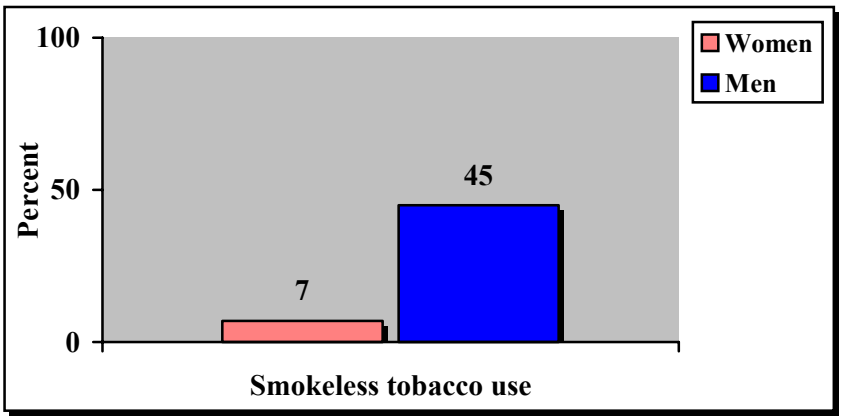
Smokeless Tobacco

Question: Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?



- **Twenty-five percent** (25%) of the **adults** in White County reported that they had used or tried chewing tobacco or snuff.
- **Seven percent (7%)** of the adult **female** residents in White County reported that they had used or tried chewing tobacco or snuff (Figure 6).
- **Forty-five percent (45%)** of the adult **male** residents in White County reported that they had used or tried chewing tobacco or snuff (Figure 6).

Figure 6: Smokeless tobacco use, by gender



Tobacco Use (continued)

Current Smokeless Tobacco

Risk Factor Definition: Current use of smokeless tobacco

Question: Do you currently use chewing tobacco or snuff every day, some days, or not at all?

At Risk: **Of those respondents who reported that they had ever tried chewing tobacco or snuff,** those who answered "every day" or "some days" (i.e. current chewing tobacco or snuff users) are considered at risk.

Who is at risk in White County?

- Of those who responded that they had used or tried chewing tobacco or snuff, **twenty-four percent (24%)** reported current chewing tobacco or snuff use.

- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **twenty-nine percent (29%)** among those respondents aged 18-39 years, **twenty percent (20%)** among respondents aged 40-64 years, and **fifteen percent (15%)** among respondents 65 years and older (Table 3 and Figure 7)

- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **thirty-one percent (31%)** among those respondents with less than a high school education, **twenty-two percent (22%)** among respondents with a high school education, **twenty-seven percent (27%)** among those with a college education (Table 3 and Figure 7).

- Of those who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current chewing tobacco or snuff use was **twenty-one percent (21%)** among respondents with an annual household income of less than $20,000, **twenty-one percent (21%)** among respondents with an annual household income of $20,000-$50,000, **twenty-eight percent (28%)** among those with an annual household income of over $50,000 (Table 3 and Figure 7).

Tobacco Use (continued)

Risk Factor Definition: Current smokeless tobacco use

Of those who responded that they had used or tried chewing tobacco or snuff, those adults who reported current chewing tobacco or snuff use.

Table 3: Current smokeless tobacco use

Age	(%)	Education	(%)	Income	(%)
18-39	29	<HS Education	31	<$20,000	21
40-64	20	HS Grad.	22	$20,000-$50,000	21
65+	15	College Grad.	27	>$50,000	28

Figure 7: Current smokeless tobacco use

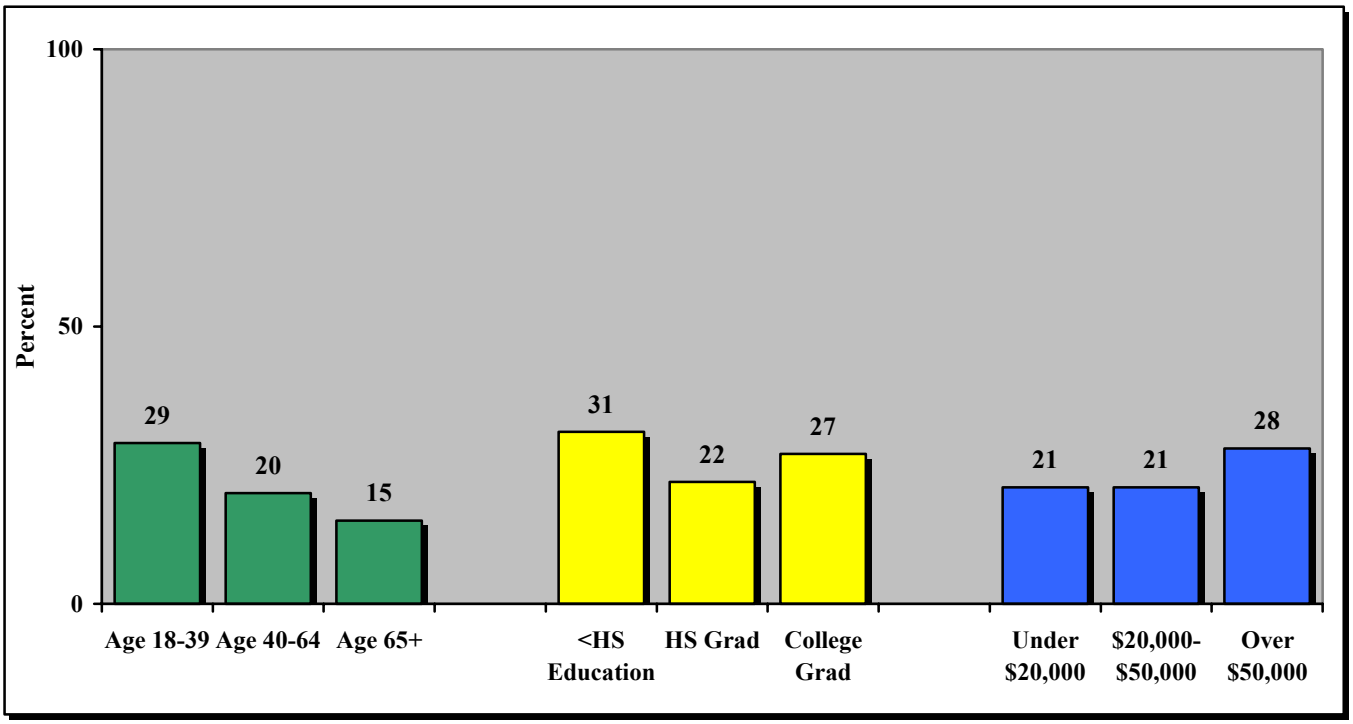
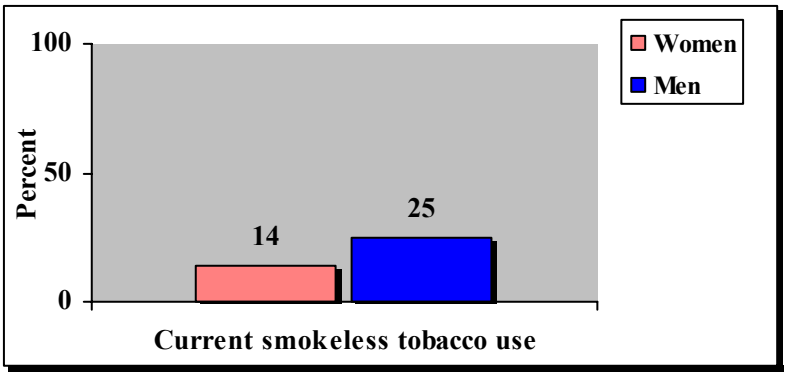


Figure 8: Current smokeless tobacco use, by gender



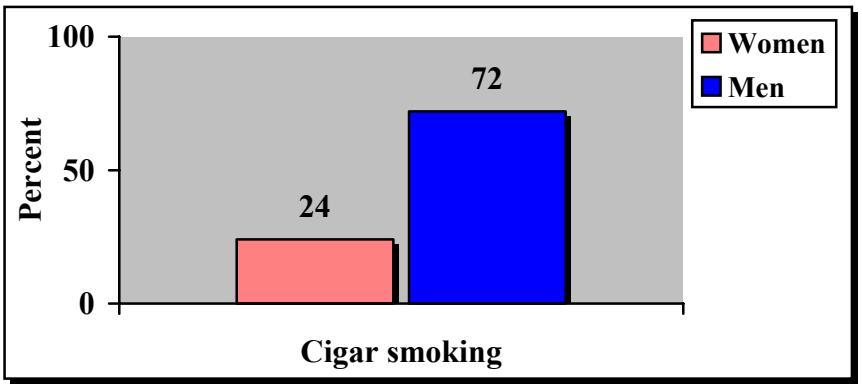
Of those adult residents in White County who reported that they had used or tried chewing tobacco or snuff, the prevalence of reported current smokeless tobacco use was **fourteen percent (14%) among adult women and twenty-five percent among adult men** (Figure 8).

Cigar Smoking

Question: Have you ever smoked a cigar, even one or two puffs?

- **Forty-seven percent (47%)** of the **adults** in White County reported that they had smoked a cigar, even one or two puffs.
- **Twenty-four percent (24%)** of the adult **female** residents in White County reported that they had smoked a cigar, even one or two puffs (Figure 9).
- **Seventy-two percent (72%)** of the adult **male** residents in White County reported that they had smoked a cigar, even one or two puffs (Figure 9).

Figure 9: Cigar smoking, by gender



Current Cigar Smoking

Risk Factor Definition: Current cigar smoking

Question: Do you smoke cigars every day, some days, or not at all?

At Risk: **Of those respondents who reported that they had ever smoked a cigar,** those who answered "every day" or "some days" (i.e. current cigar smokers) are considered at risk.

Who is at risk in White County?

- Of those adults in White County who respondended that they had smoked cigars, **fourteen percent (14%)** reported current cigar use.

- Of those adults in White County who reported that they had smoked cigars, the prevalence of reported current cigar use was **twenty-two percent (22%)** among those respondents aged 18-39 years, **nine percent (9%)** among respondents aged 40-64 years, and **two percent (2%)** among respondents 65 years and older (Table 4 and Figure 10).

- Of those adults in White County who reported that they had smoked cigars, the prevalence of reported current cigar use was **eleven percent (11%)** among respondents with less than a high school, **eighteen percent (18%)** among respondents with a high school education, and **four percent (4%)** among those respondents with a college education (Table 4 and Figure 10).

- Of those adults in White County who reported that they had smoked cigars, the prevalence of reported current cigar use was **twenty-seven percent (27%)** among respondents with an annual household income of less than $20,000, **fourteen percent (14%)** among respondents with an annual household income of $20,000-$50,000, and **eight percent (8%)** among those an annual household income of over $50,000 (Table 4 and Figure 10).

Tobacco Use (continued)

Risk Factor Definition: Current cigar smoking

Of those respondents who reported that they had smoked cigars, those who reported current cigar use.

Table 4: Current cigar smoking

Age	(%)	Education	(%)	Income	(%)
18-39	22	<HS Education	11	<$20,000	27
40-64	9	HS Grad.	18	$20,000-$50,000	14
65+	2	College Grad.	4	>$50,000	8

Figure 10: Current cigar smoking

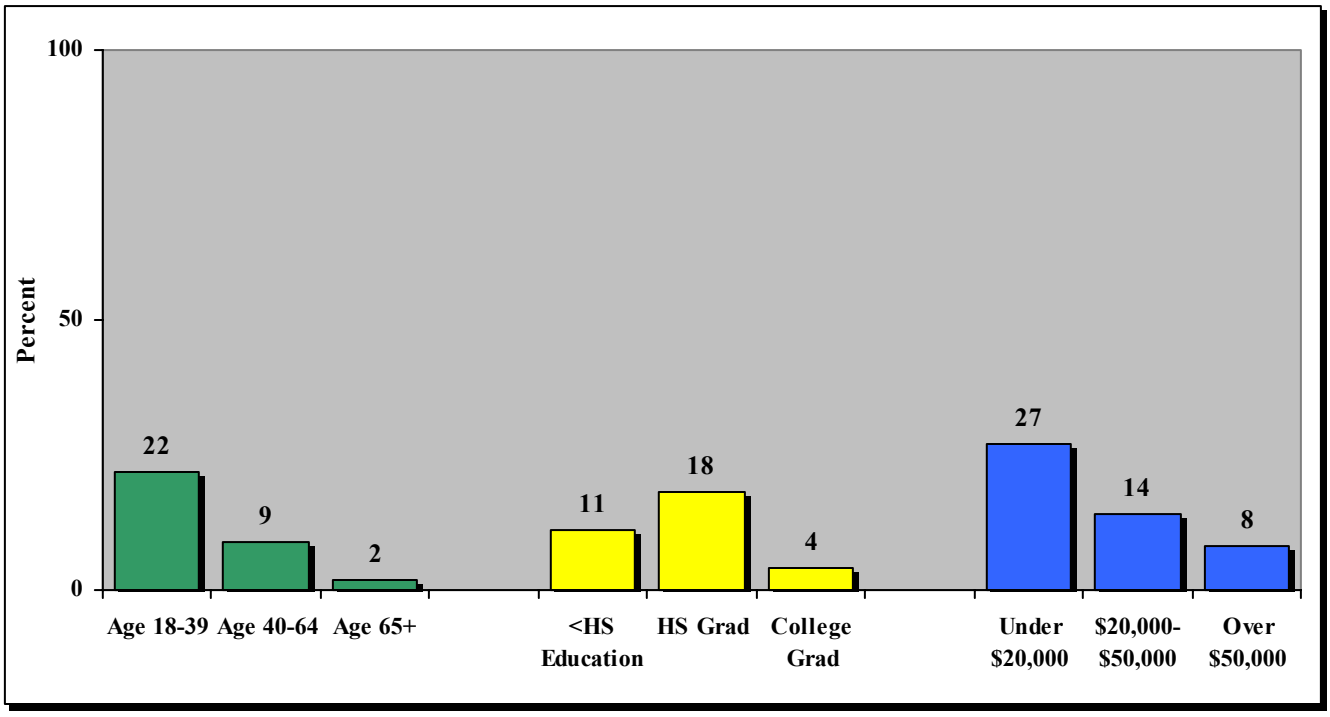
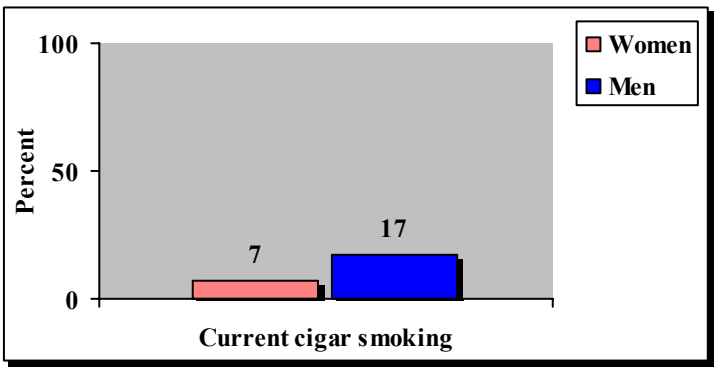


Figure 11: Current cigar smoking, by gender



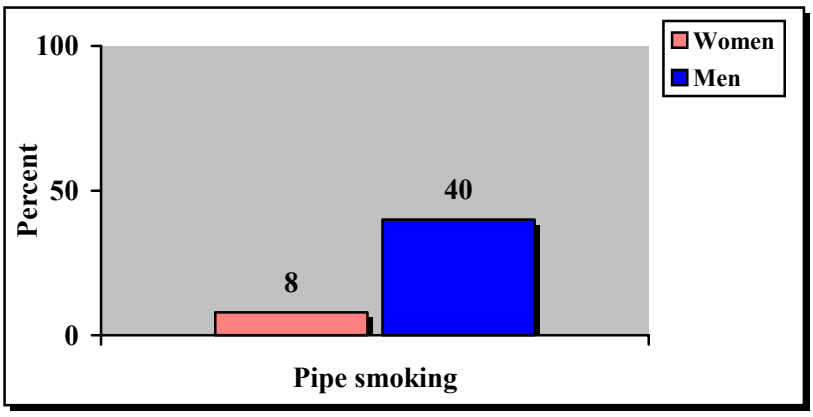
Of those adults in White County who reported that they had smoked cigars, the reported prevalence of current cigar use was **seven percent (7%) among women and was seventeen percent (17%) among men** (Figure 11).

Pipe Smoking

Question: Have you ever smoked tobacco in a pipe, even one or two puffs?

- **Twenty-four percent** (24%) of the **adults** in White County reported that they had smoked tobacco in a pipe, even one or two puffs.
- **Eight percent (8%)** of the adult **female** residents in White County reported that they had smoked tobacco in a pipe, even one or two puffs (Figure 12).
- **Forty percent (40%)** of the adult **male** residents in White County reported that they had smoked tobacco in a pipe, even one or two puffs (Figure 12).

Figure 12: Pipe smoking, by gender



Tobacco Use (continued)

Current Pipe Smoking

Risk Factor Definition: Current pipe smoking

Question: Do you now smoke a pipe every day, some days, or not at all?

At Risk: **Of those respondents who reported that they had ever smoked a pipe,** those adults who answered "every day" or "some days" (i.e. current pipe smokers) are considered at risk.

Who is at risk in White County?

- Of those adults in White County who responded that they had smoked tobacco in a pipe, **eight percent (8%)** reported current pipe smoking.

- Of those adults in White County who reponded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was **sixteen percent (16%)** among respondents aged 18-39 years, **five percent (5%)** among respondents aged 40-64 years (5%), and **three percent (3%)** among those respondents 65 years and older (Table 5 and Figure 13).

- Of those adults in White County who responded that they had smoked tobacco in a pipe, there was **no** reported prevalence of current pipe smoking among those respondents with less than a high school education **(0%)** and those with a college education **(0%)** (Table 5 and Figure 13).
    - Of those adults in White County who responded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was **fourteen percent (14%)** among those respondents with a high school education (Table 5 and Figure 13).

- Of those adults in White County who responded that they had smoked tobacco in a pipe, there was **no** reported prevalence of current pipe among those respondents with annual household income of over $50,000 **(0%)** (Table 5 and Figure 13).
    - Of those adults in White County who responded that they had smoked tobacco in a pipe, the prevalence of reported current pipe smoking was **fourteen percent (14%)** among respondents with an annual household income of less than $20,000, and **seven percent (7%)** among those with an annual household income of $20,000-$50,000 (Table 5 and Figure 13).

Tobacco Use (continued)

Risk Factor Definition: Current pipe smoking

Of those who responded that they had smoked tobacco in a pipe, those adults who reported current pipe smoking.

Table 5: Current pipe smoking

Age	(%)	Education	(%)	Income	(%)
18-39	16	<HS Education	0	<$20,000	14
40-64	5	HS Grad.	14	$20,000-$50,000	7
65+	3	College Grad.	0	>$50,000	0

Figure 13: Current pipe smoking

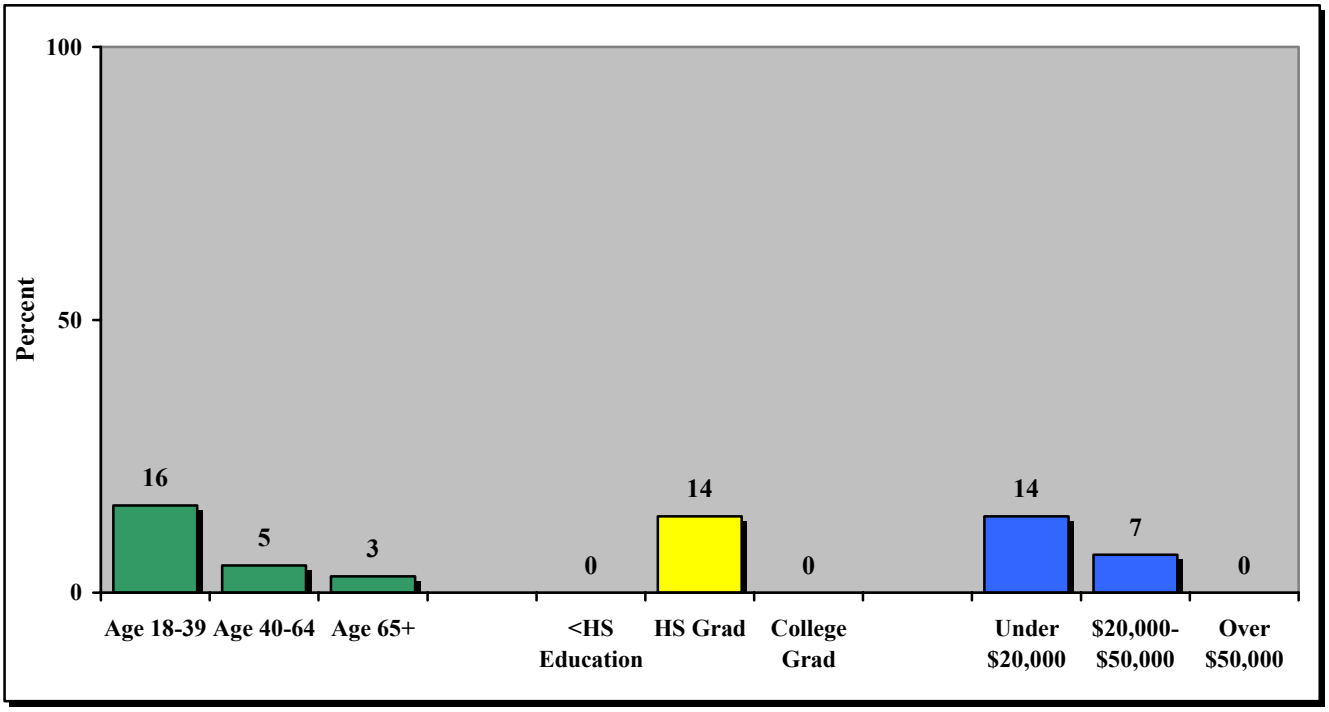
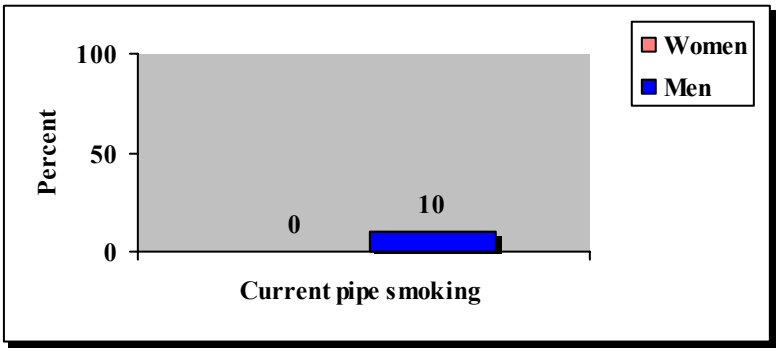


Figure 14: Current pipe smoking, by gender



Of those adults in White County who reported that they had smoked tobacco in a pipe, there was no reported prevalence of reported current pipe smoking among **adult women (0%);** and the reported prevalence of current pipe smoking was **ten percent (10%) among men** (Figure 14).

Tobacco Use (continued)

Smoking in Home

Risk Factor Definition: Smoking is allowed in the home

Question: Which statement best describes the rules of smoking inside your home?

At Risk: Those who did not indicate that smoking is not allowed anywhere inside the homes are considered at risk.

Who is at risk in White County?

- Twenty-eight percent (28%) of the adults in White County reported that smoking is allowed inside their home.
- The prevalence of reported smoking allowed in the home was lower among respondents aged 18-39 years (25%) than among respondents aged 40-64 years (33%), and respondents 65 years and older (26%) (Table 6 and Figure 15).
- The prevalence of reported smoking allowed in the home was higher among respondents with less than a high school education (37%) than among those respondents with a high school education (30%), and college education (16%) (Table 6 and Figure 15).
- The prevalence of reported smoking allowed in the home was higher among those respondents with an annual household income of less than $20,000 (42%) than among those respondents with an annual household income of $20,000-$50,000 (28%), and annual household income of over $50,000 (18%) (Table 6 and Figure 15).

Tobacco Use (continued)

Risk Factor Definition: Smoking is allowed in the home
Respondents who reported that smoking is allowed inside the home.

Table 6: Smoking is allowed in the home

Age	(%)	Education	(%)	Income	(%)
18-39	25	<HS Education	37	<$20,000	42
40-64	33	HS Grad.	30	$20,000-$50,000	28
65+	26	College Grad.	16	>$50,000	18

Figure 15: Smoking allowed in the home

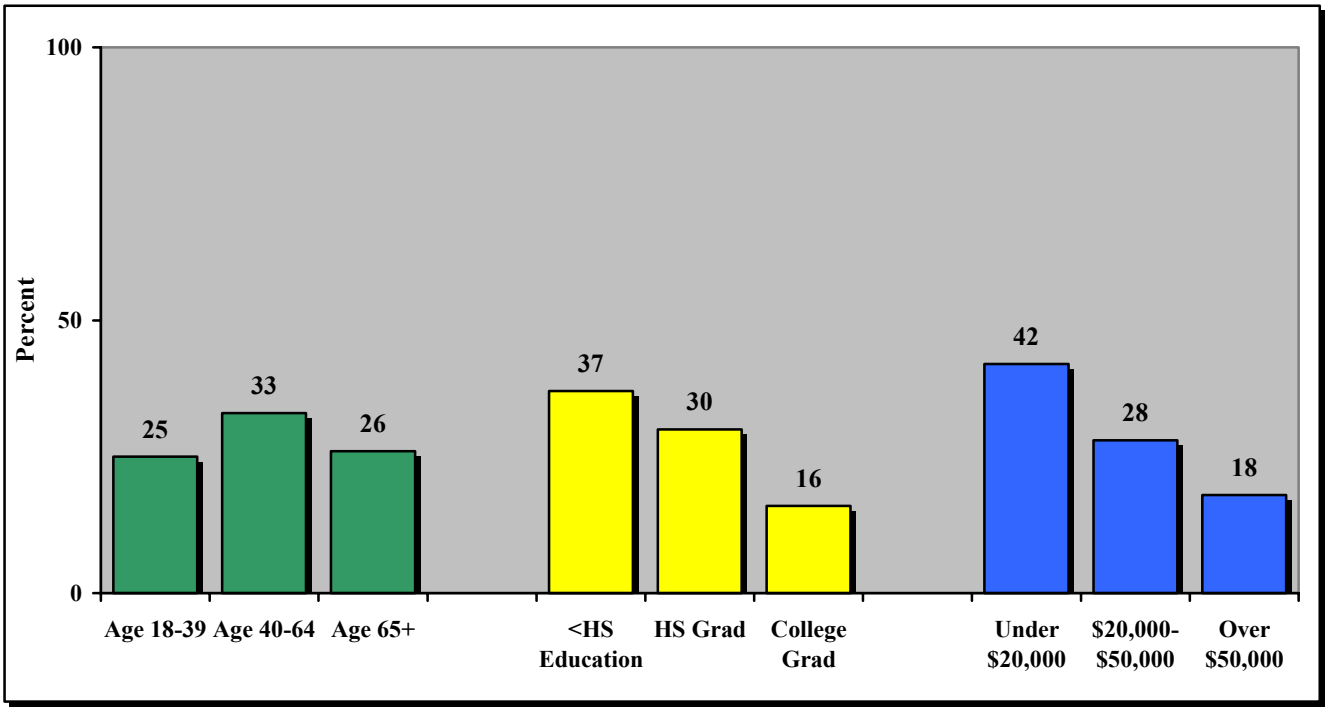
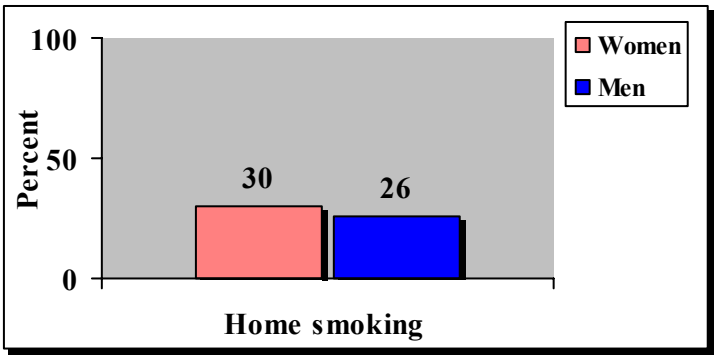


Figure 16: Smoking allowed in the home, by gender



The prevalence of reported smoking allowed in the home was **higher among adult women (30%) than among adult men (26%)** in White County (Figure 16).

Tobacco Use (continued)

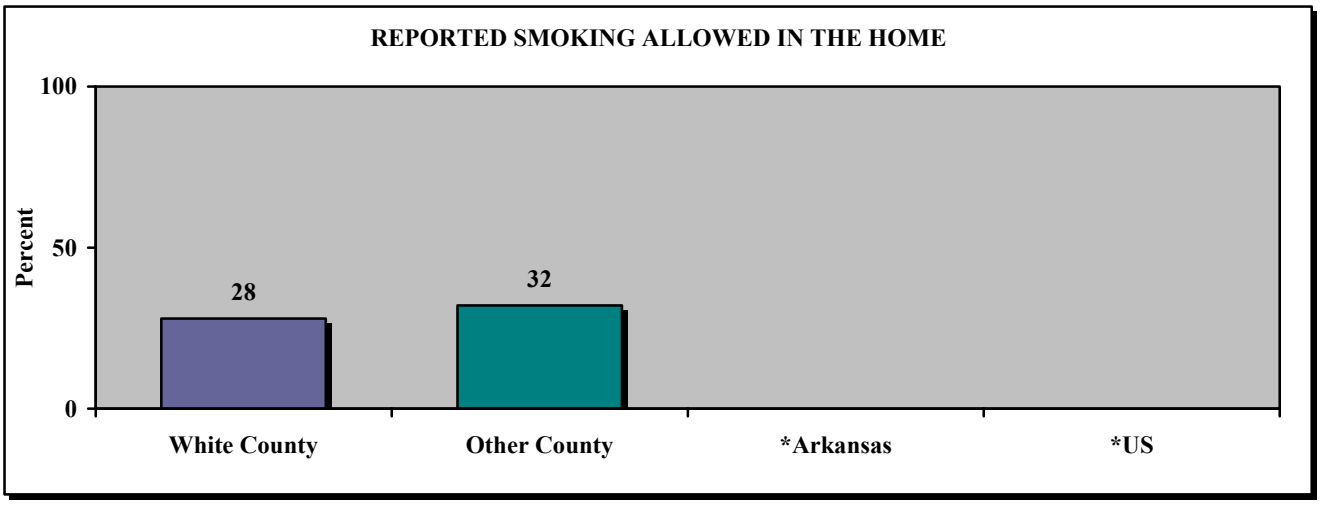
How does White County compare?

In order to determine White County's adult health strengths and weaknesses, the results of the County Adult Health Survey were compared to 2006 Adult Health Survey results of a neighboring county, and 2005 state and nationwide BRFSS data.

Comparing reported findings on smoking allowed in the home

- The prevalence of reported smoking allowed in the home was lower among adults in White County (28%) than among adults in a neighboring county (32%) (Figure 17).

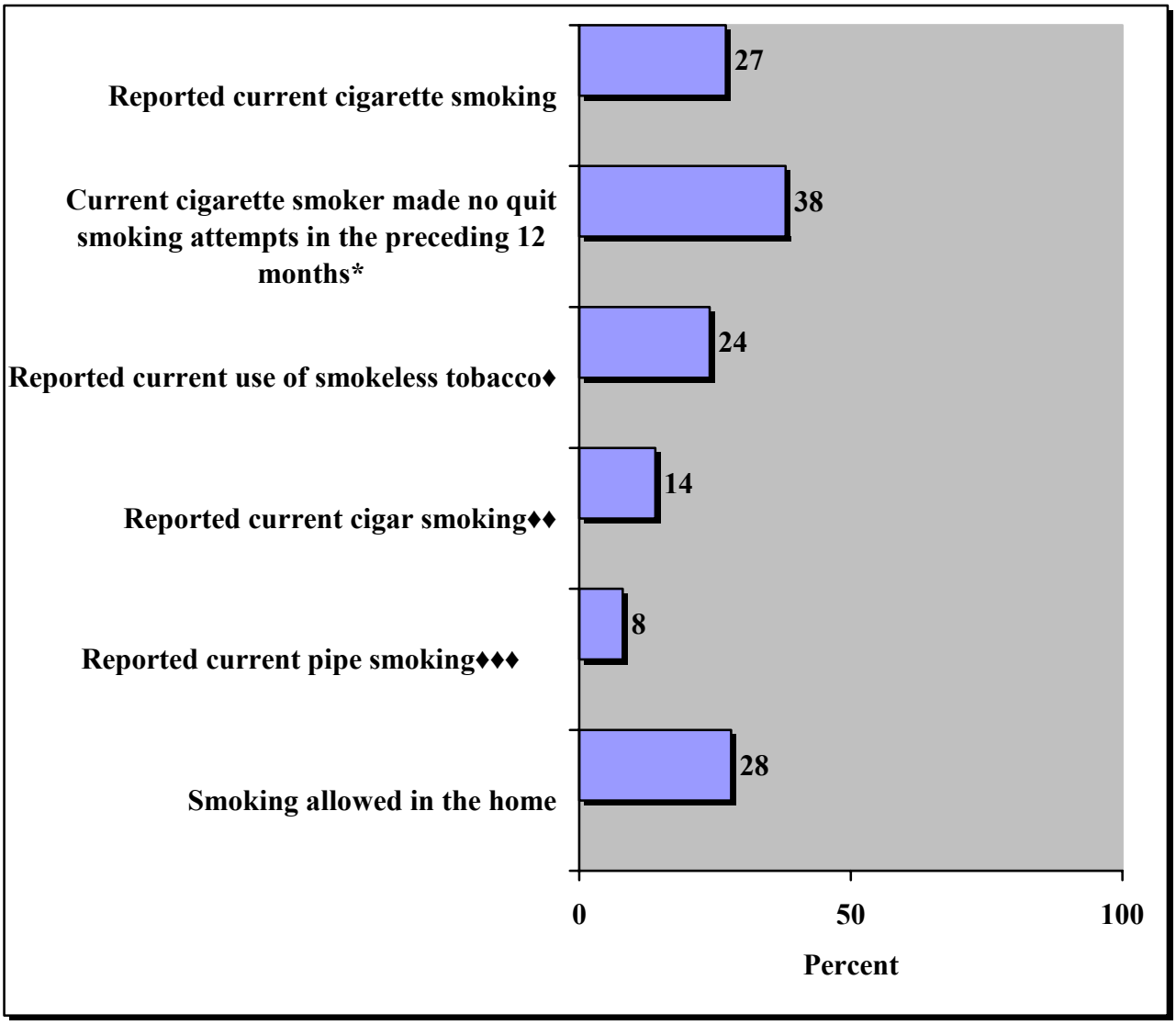
Figure 17: Comparing reported findings on smoking allowed in the home



*No comparison data available

Tobacco Use (continued)

Figure 18: Tobacco use summary



* Of those reported current cigarette smoking

♦Of those who have ever tried smokeless tobacco

♦♦Of those who have ever tried smoking a cigar, even one or two puffs

♦♦♦ Of those have ever tried smoking tobacco in a pipe, even one or two puffs

Women's Health & Risk Factors

Women's Health

Demographics

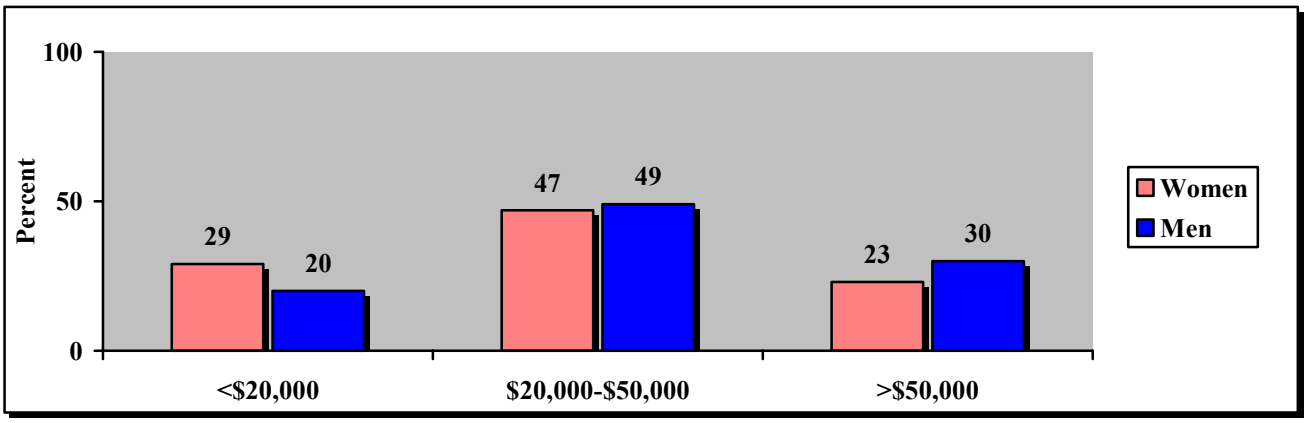
Table 1: Number of people surveyed

TOTAL NUMBER OF PEOPLE IN SURVEY		
Male	Female	Total Surveyed
304	539	843

Annual household income

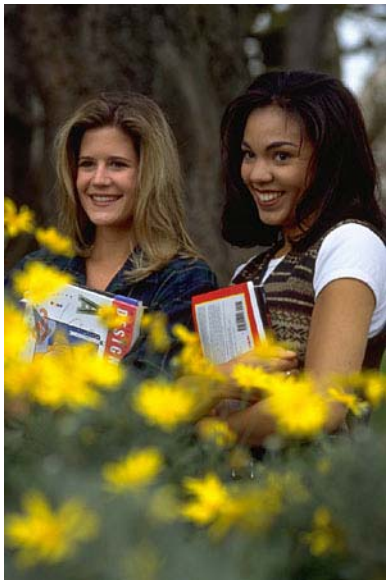
- Adult women in White County (29%) were more likely than adult men in White County (20%) to report an annual household income of under $20,000 (Figure 1).
- Adult women in White County (47%) were less likely than adult men in White County (49%) to report an annual household income between $20,000 and $50,000 (Figure 1).
- Adult women in White County (23%) were less likely than adult men in White County (30%) to report an annual household income of over $50,000 (Figure 1).

Figure 1: Reported annual household income, by gender



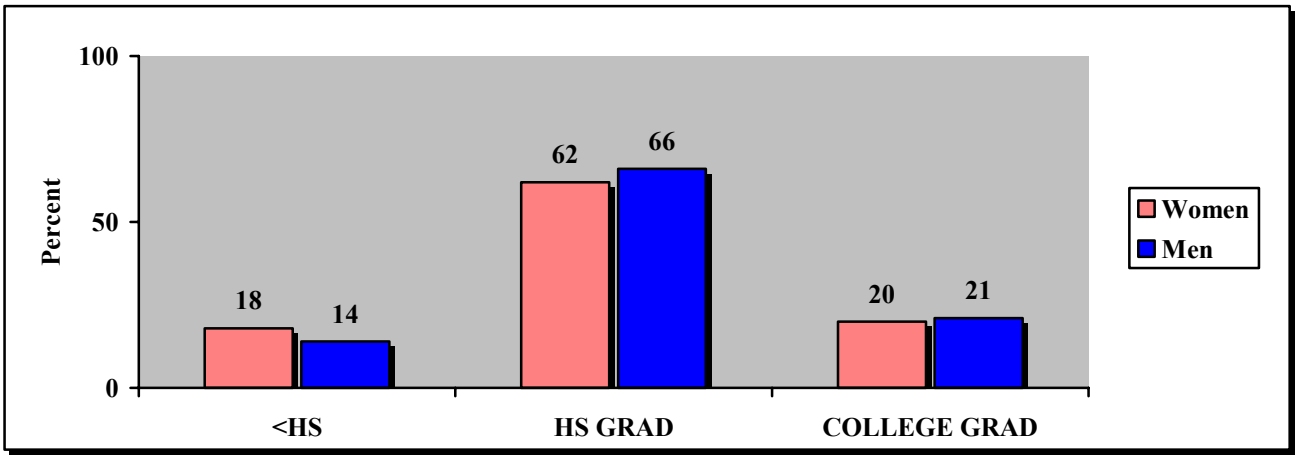
Women's Health (continued)

Level of education attained



- Adult women in White County (18%) were more likely than adult men in White County (14%) to report that the highest level of education attained was less than a high school diploma (Figure 2).
- Adult women in White County (62%) were less likely than adult men in White County (66%) to report that they were high school graduates (Figure 2).
- Adult women in White County (20%) were less likely than adult men in White County (21%) to report that they were college graduates (Figure 2).

Figure 2: Reported highest level of education attained, by gender



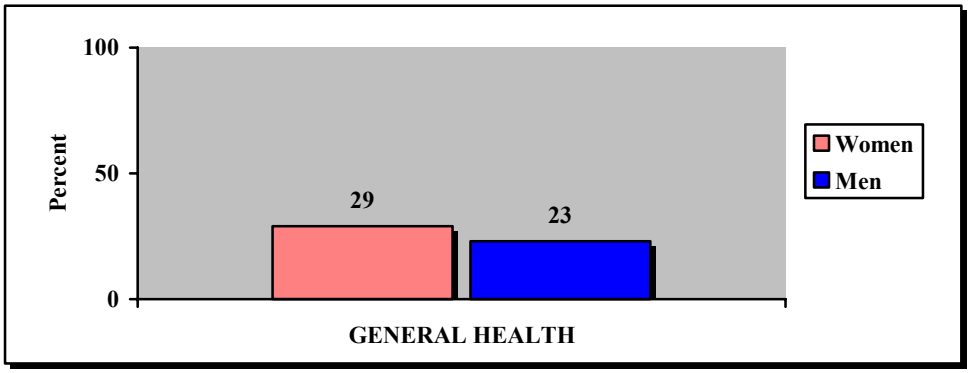
Women & Behavioral Risk Factors

PERCEPTIONS OF HEALTH

General health

- The prevalence of reported fair or poor general health was higher among adult women (29%) than among adult men (23%) in White County (Figure 3).

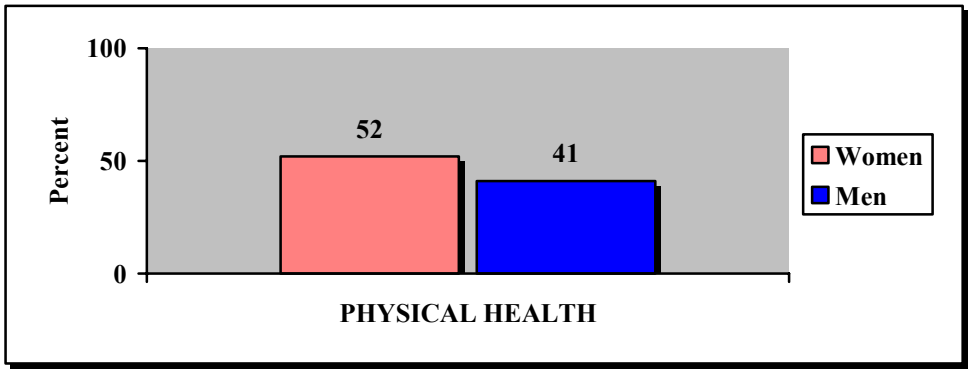
Figure 3: Reported fair or poor general health, by gender



Physical health

- The prevalence of reported physical health not good on one or more of the thirty days preceding the survey was higher among adult women (52%) than among adult men (41%) in White County (Figure 4).

Figure 4: Reported physical health not good on one or more days, by gender

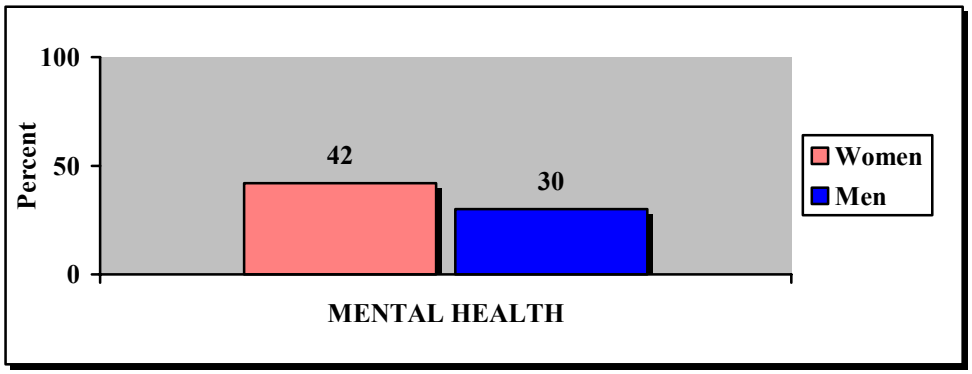


Women & Behavioral Risk Factors (continued)

Mental health

- The prevalence of reported mental health not good on one or more of the thirty days preceding the survey was higher among adult women (42%) than among adult men (30%) in White County (Figure 5).

Figure 5: Reported mental health not good on one or more days, by gender



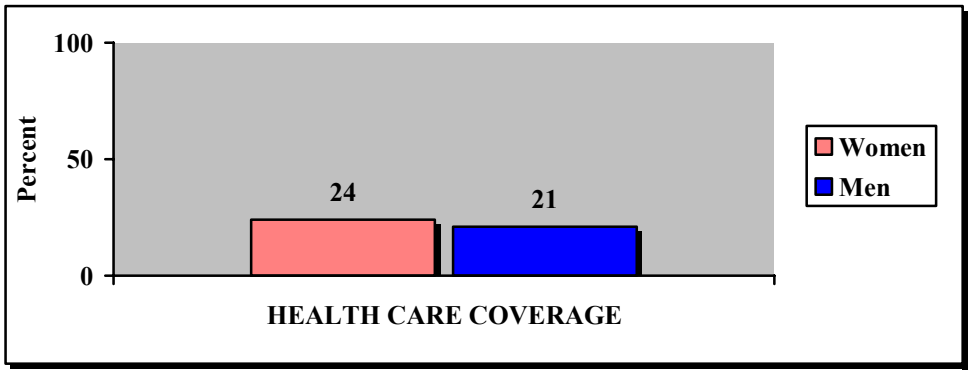
Women & Behavioral Risk Factors (continued)

RISK FACTORS

Health care coverage

- The prevalence of reported no health care coverage was higher among adult women (24%) than among adult men (21%) in White County (Figure 6).

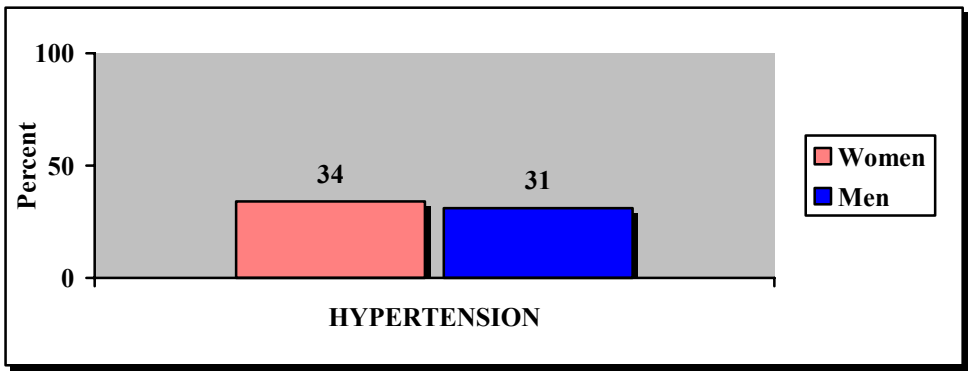
Figure 6: Reported no health care coverage, by gender



Hypertension

- The prevalence of reported hypertension diagnosis by doctor was higher among adult women (34%) than among adult men (31%) in White County (Figure 7).

Figure 7: Reported hypertension diagnosis by doctor, by gender



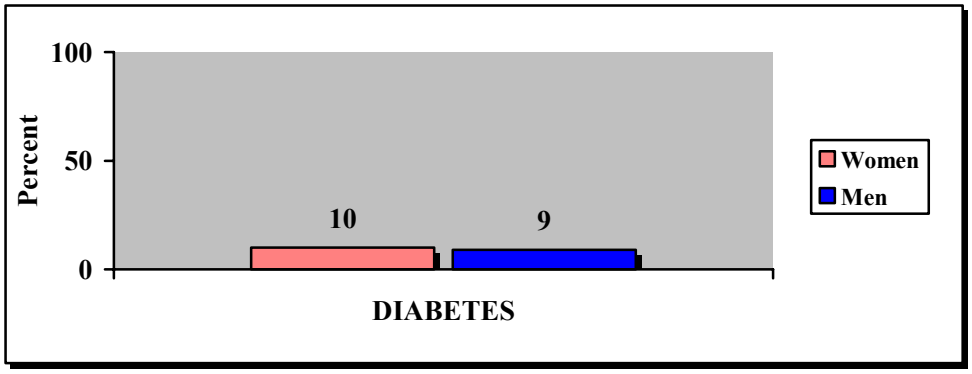
Women & Behavioral Risk Factors (continued)

RISK FACTORS

Diabetes

- The prevalence of reported diabetes diagnosis by doctor was higher among adult women (10%) than among adult men (9%) in White County (Figure 8).

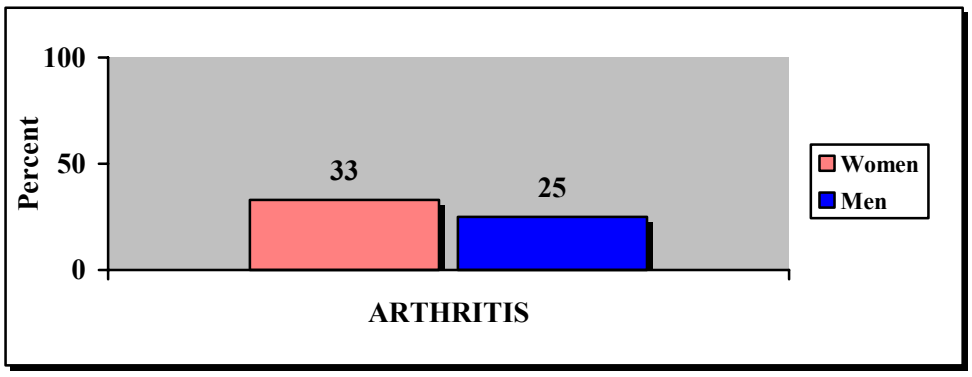
Figure 8: Reported diabetes diagnosis by doctor, by gender



Arthritis

- The prevalence of reported arthritis diagnosis by doctor was higher among adult women (33%) than among adult men (25%) in White County (Figure 9).

Figure 9: Reported arthritis diagnosis by doctor, by gender



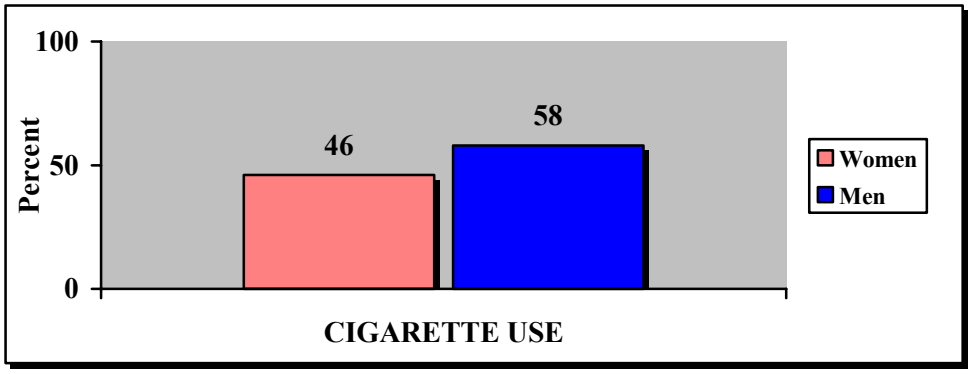
Women & Behavioral Risk Factors (continued)

HEALTH HABITS

Cigarette use

- The prevalence of reported cigarette use in an entire lifetime was lower among adult women (46%) than among adult men (58%) in White County (Figure 10).

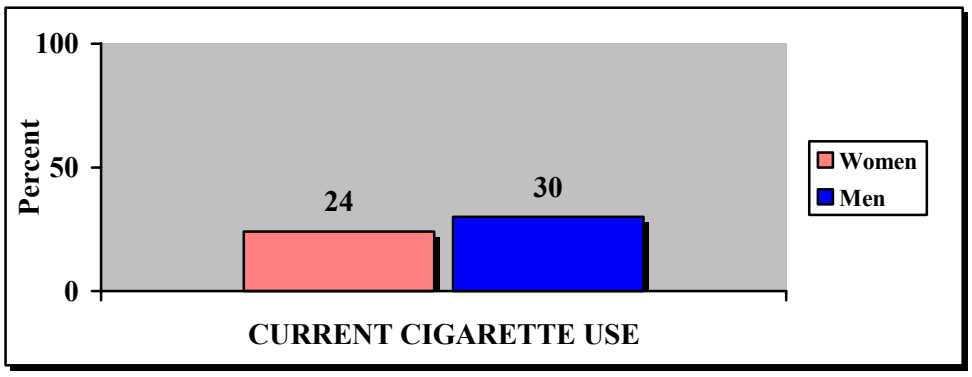
Figure 10: Cigarette use, by gender



Current cigarette use

- The prevalence of reported current cigarette use lower among adult women (24%) than among adult men (30%) (Figure 11).

Figure 11: Current cigarette use, by gender



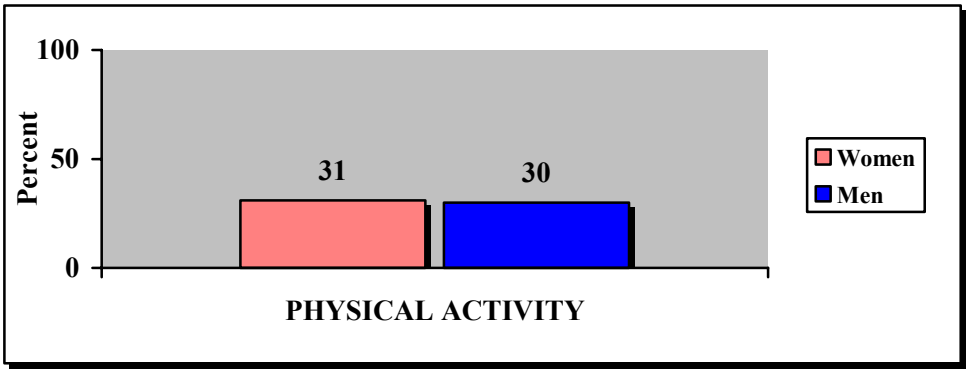
Women & Behavioral Risk Factors (continued)

HEALTH HABITS

Physical activity

- The prevalence of reported no regular physical activity in the month preceding the survey was higher among adult women (31%) than among adult men (30%) in White County (Figure 12).

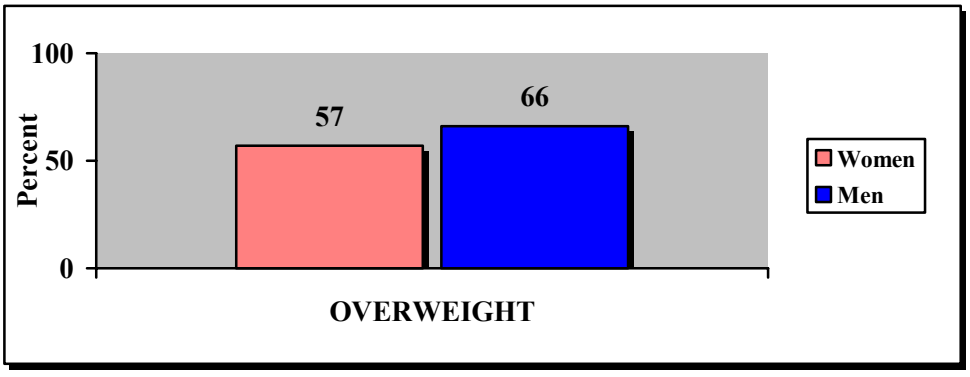
Figure 12: Reported no physical activity, by gender



Overweight status

- The prevalence of reported overweight status was lower among adult women (57%) than among adult men (66%) in White County (Figure 13).

Figure 13: Reported overweight status, by gender



Cardiovascular Disease

Cardiovascular Disease

Coronary heart disease is the leading cause of death in Arkansas. In 2004, twenty-seven percent (27%) of all deaths in Arkansas were due to heart disease.

Participants in the 2005 White County Adult Health Survey were asked questions relating to knowledge of symptoms and signs of heart attack and stroke.

Symptoms included for heart attack:

- Pain or discomfort in the jaw, neck, or back
- Feeling weak, lightheaded, or faint
- Chest pain or discomfort
- Pain or discomfort in the arms or shoulders
- Shortness of breath
- Sudden trouble seeing in one or both eyes*

Symptoms included for stroke:

- Sudden confusion or trouble speaking
- Sudden numbness or weakness of face, arm, or leg
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, or loss of balance
- Severe headache with no known cause
- Sudden chest pain or discomfort*

HIGHLIGHTS

- **Eighty-nine percent** (88%) of respondents correctly identified **three or more** symptoms of a **heart attack**
- Only **two percent** (2%) of respondents failed to identify **any symptom** of a **heart attack.**
- **Thirty-nine** percent (39%) correctly identified **five symptoms** of a **heart attack**.
- **Twenty-one** percent (21%) correctly identified all **five symptoms** of a **heart attack** and the **decoy symptom**.
- **Eighty-eight** percent (88%) of respondents correctly identified **three or more** symptoms of a **stroke**.
- Only **two percent** (2%) of respondents failed to identify **any symptom** of a **stroke**.
- **Forty-two** percent (42%) correctly identified all **five symptoms** of a **stroke**.
- **Twenty-two** percent (22%) of respondents correctly identified all **five symptoms** of a **stroke** and the **decoy symptom**.

* Decoy symptom; a "yes" answer is incorrect.

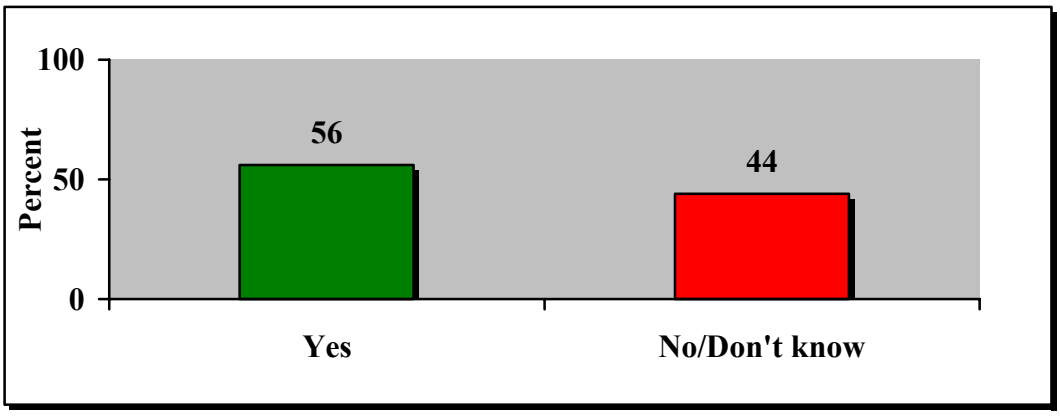
Knowledge of signs and symptoms of a heart attack

In 2005, White County adults who participated in the County Adult Health Survey were asked questions relating to knowledge of signs and symptoms of a heart attack.

Question: Do you think pain or discomfort in the jaw, neck or back are symptoms of a heart attack?

- **Fifty-six percent** (56%) of **respondents** correctly identified pain or discomfort in the jaw, neck or back as symptoms of a heart attack (Figure 1).
- **Sixty-three percent** (63%) of adult **female** respondents correctly identified pain or discomfort in the jaw, neck or back as symptoms of a heart attack.
- **Forty-nine percent** (49%) of adult **male** respondents correctly identified pain or discomfort in the jaw, neck or back as symptoms of a heart attack.

Figure 1: Pain or discomfort in jaw, neck or back

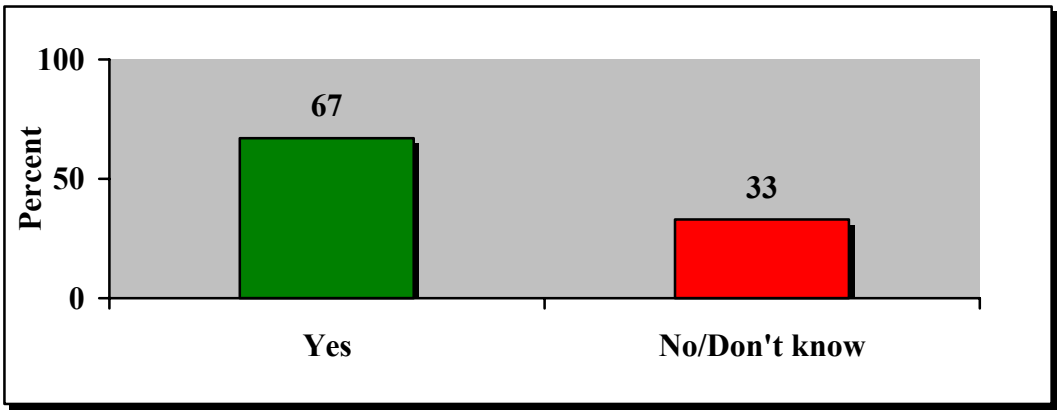


Cardiovascular Disease (continued)

Question: Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

- **Sixty-seven** percent (67%) of **respondents** correctly identified feeling weak, lightheaded or faint as symptoms of a heart attack (Figure 2).
- **Seventy-two** percent (72%) of adult **female** respondents correctly identified feeling weak, lightheaded or faint as symptoms of a heart attack.
- **Sixty-one** percent (61%) of adult **male** respondents correctly identified feeling weak, lightheaded or faint as symptoms of a heart attack.

Figure 2: Feeling weak, lightheaded or faint

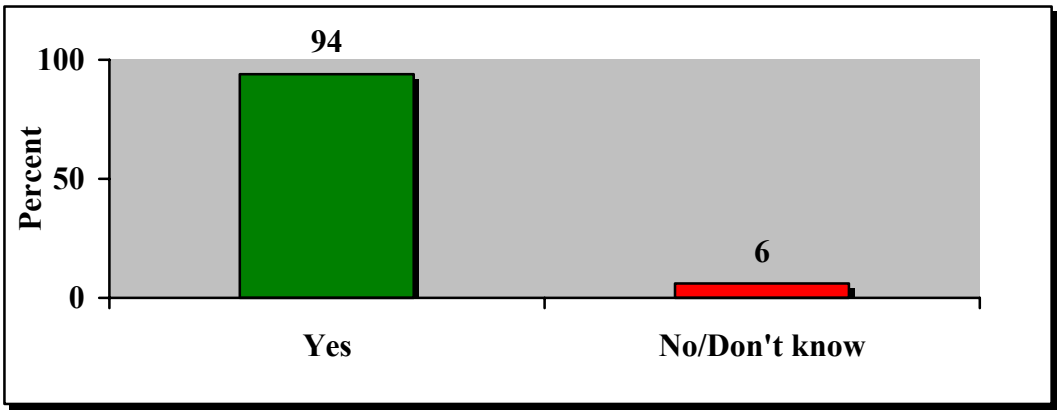


Cardiovascular Disease (continued)

Question: Do you think chest pain or discomfort is a symptom of a heart attack?

- **Ninety-four** percent (94%) of **respondents** correctly identified chest pain or discomfort as a symptom of a heart attack (Figure 3).
- **Ninety-four** percent (94%) of adult **female** respondents correctly identified chest pain or discomfort as a symptom of a heart attack.
- **Ninety-four** percent (94%) of adult **male** respondents correctly identified chest pain or discomfort as a symptom of a heart attack.

Figure 3: Chest pain or discomfort

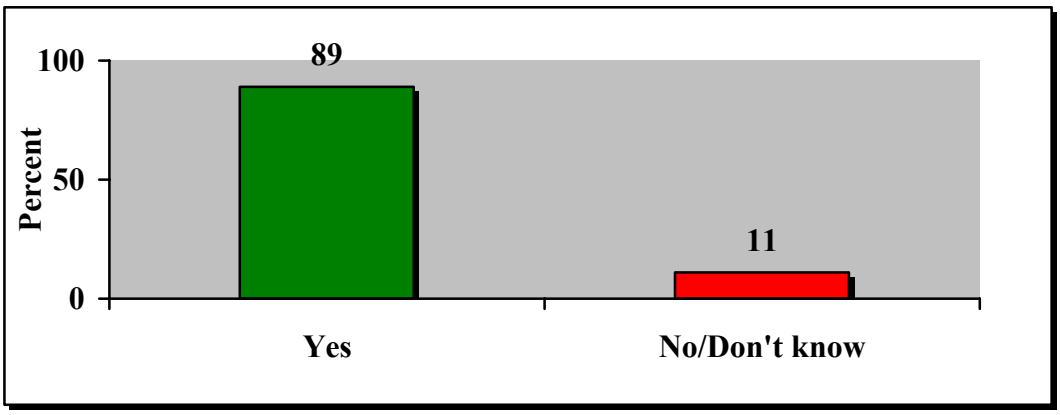


Cardiovascular Disease (continued)

Question: Do you think pain or discomfort in the arms or shoulders are symptoms of a heart attack?

- **Eighty-nine** percent (89%) of **respondents** correctly identified pain or discomfort in the arms or shoulder as a symptom of a heart attack (Figure 4).
- **Ninety-three** percent (93%) of adult **female** respondents correctly identified pain or discomfort in the arms or shoulder as a symptom of a heart attack.
- **Eighty-six** percent (86%) of adult **male** respondents correctly identified pain or discomfort in the arms or shoulder as a symptom of a heart attack.

Figure 4: Pain or discomfort in arms or shoulders

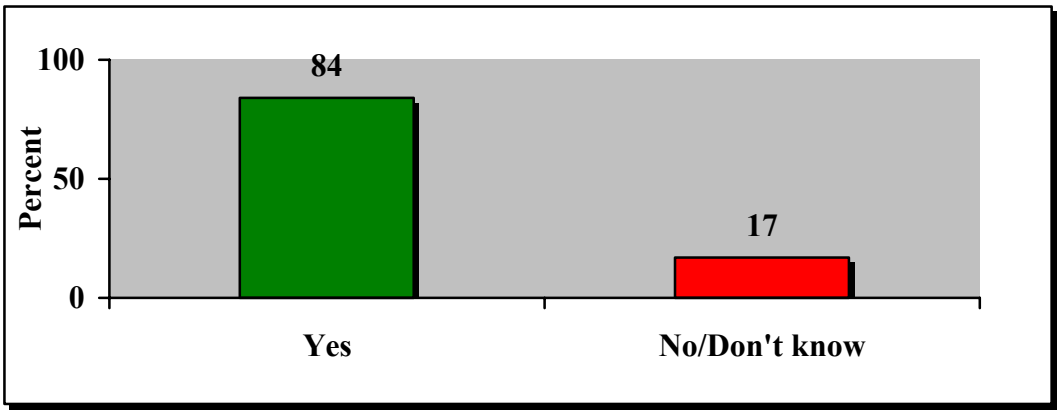


Cardiovascular Disease (continued)

Question: Do you think shortness of breath is a symptom of a heart attack?

- **Eighty-four** percent (84%) of **respondents** correctly identified shortness of breath as a symptom of a heart attack.
- **Eighty-six** percent (86%) of adult **female** respondents correctly identified shortness of breath as a symptom of a heart attack.
- **Eighty-one** percent (81%) of adult **male** respondents correctly identified shortness of breath as a symptom of a heart attack.

Figure 5: Shortness of breath

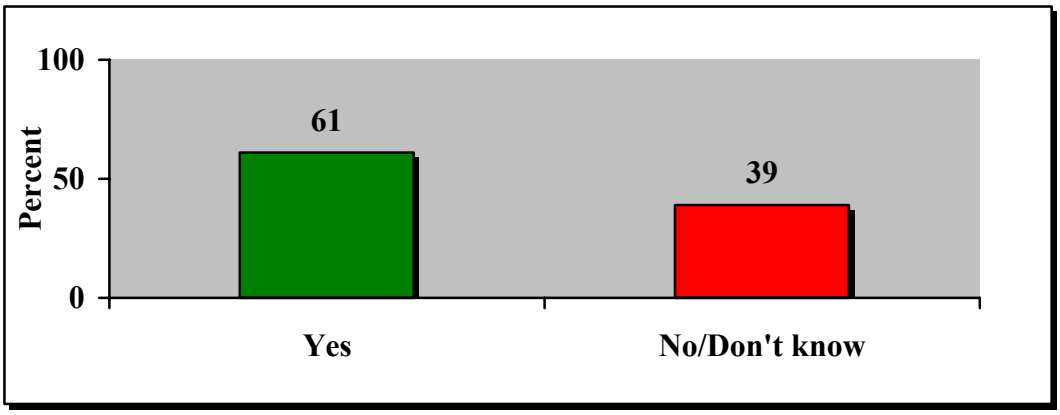


Cardiovascular Disease (continued)

Question: Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack?

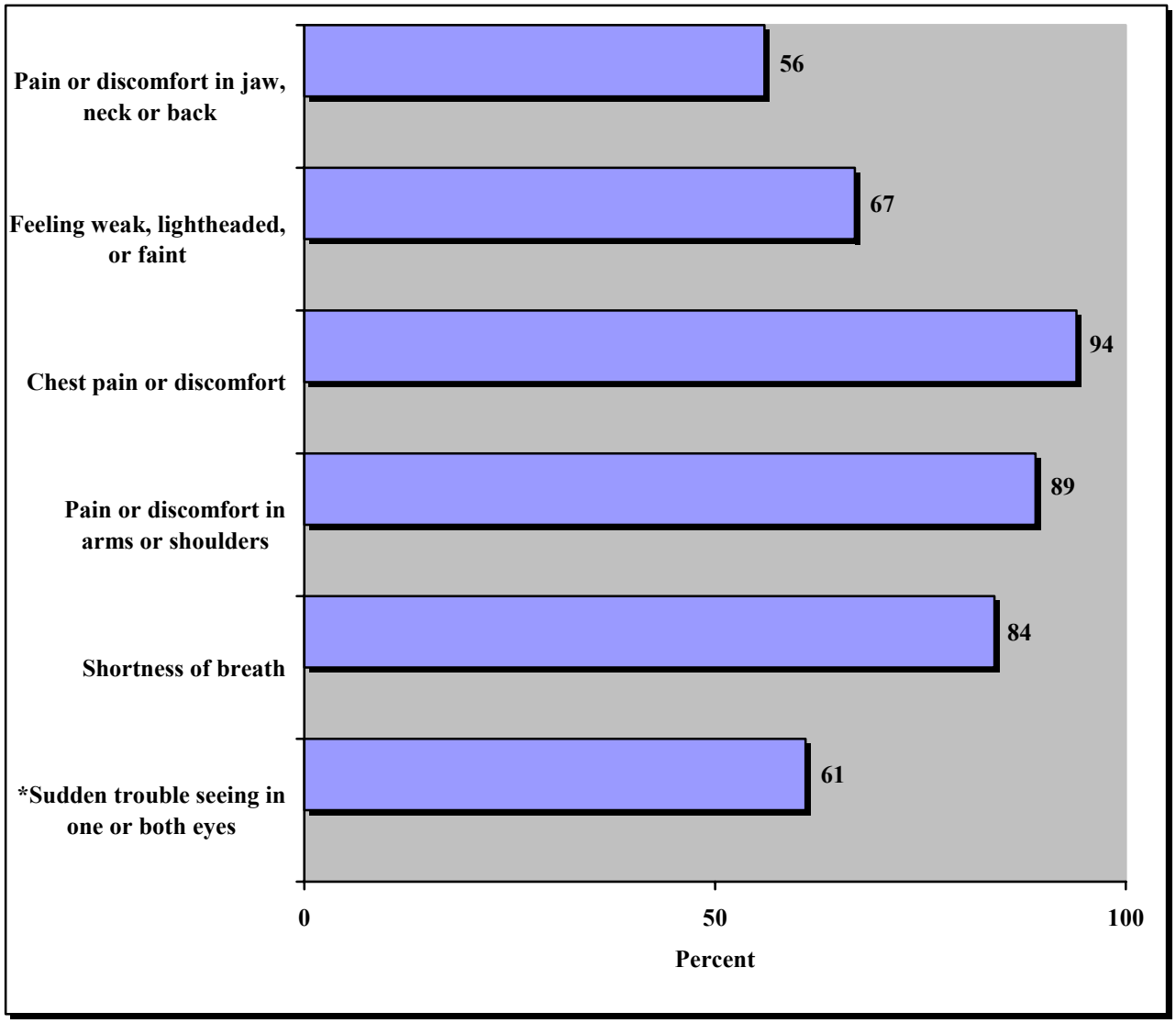
- **Sixty-one** percent (61%) of **respondents** incorrectly identified sudden trouble seeing in one or both eyes as a symptom of a heart attack.
- **Sixty-one** percent (61%) of adult **female** respondents incorrectly identified sudden trouble seeing in one or both eyes as a symptom of a heart attack.
- **Sixty** percent (60%) of adult **male** respondents incorrectly identified sudden trouble seeing in one or both eyes as a symptom of a heart attack.

Figure 6: Sudden trouble seeing in one or both eyes (decoy symptom)



Cardiovascular Disease (continued)

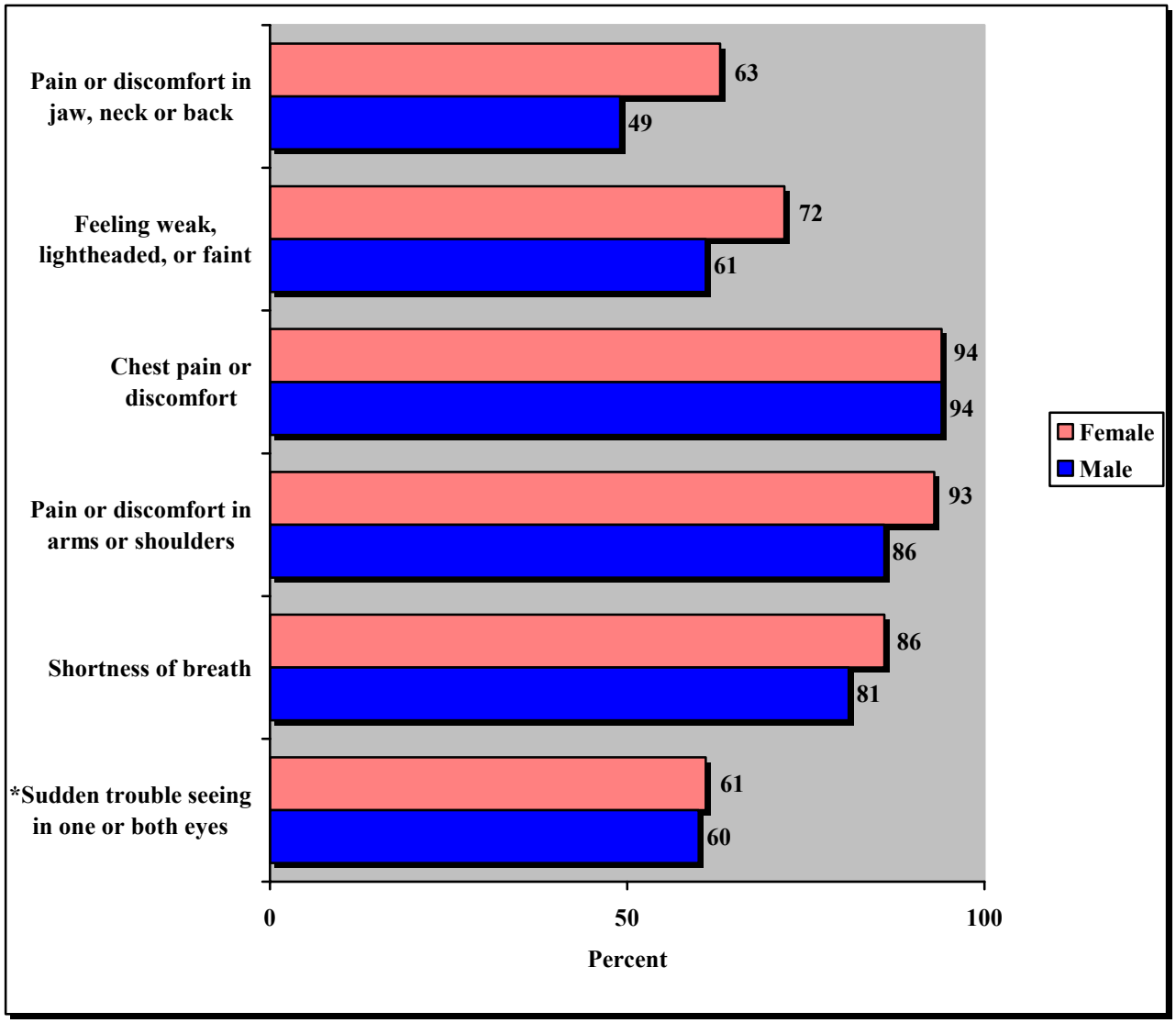
Figure 7: Summary of knowledge and signs of symptoms of a heart attack



* Decoy symptom of a heart attack

Cardiovascular Disease (continued)

Figure 8: Summary of knowledge and signs of symptoms of a heart attack, by gender



* Decoy symptom of a heart attack

Cardiovascular Disease (continued)

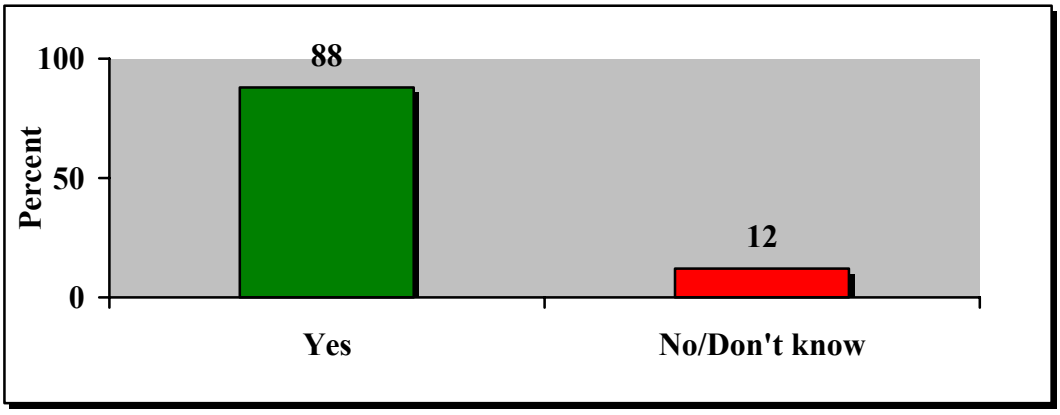
Knowledge of signs and symptoms of a stroke

In 2005, White County adults who participated in the County Adult Health Survey were asked questions relating to knowledge of signs and symptoms of a stroke.

Question: Do you think sudden confusion or trouble speaking are symptoms of a stroke?

- **Eighty-eight percent** (88%) of **respondents** correctly identified sudden confusion or trouble speaking as symptoms of a stroke (Figure 9).
- **Ninety-two percent** (92%) of adult **female** respondents correctly identified sudden confusion or trouble speaking as symptoms of a stroke.
- **Eighty-five percent** (85%) of adult **male** respondents correctly identified sudden confusion or trouble speaking as symptoms of a stroke.

Figure 9: Confusion or trouble speaking

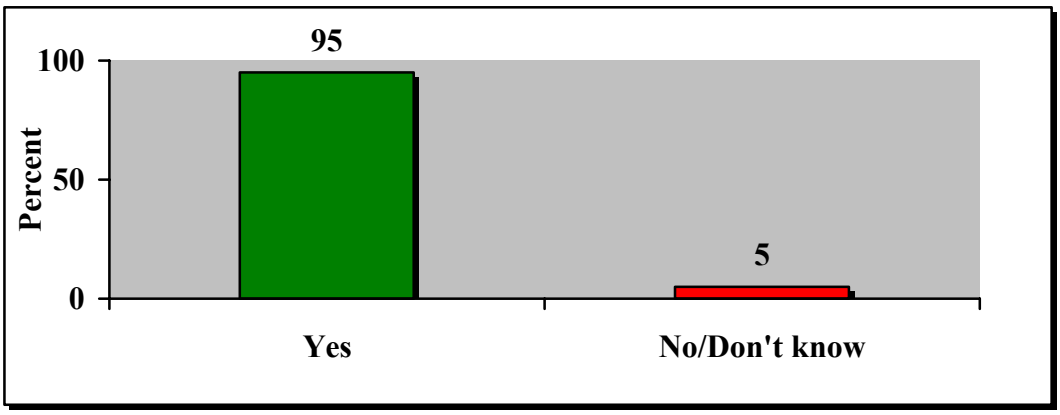


Cardiovascular Disease (continued)

Question: Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

- **Ninety-five** percent (95%) of **respondents** correctly identified sudden numbness or weakness of face, arm or leg, especially on one side as symptoms of a stroke (Figure 10).
- **Ninety-seven** percent (97%) of adult **female** respondents correctly identified sudden numbness or weakness of face, arm or leg, especially on one side as symptoms of a stroke.
- **Ninety-three** percent (93%) of adult **male** respondents correctly identified sudden numbness or weakness of face, arm or leg, especially on one side as symptoms of a stroke.

Figure 10: Numbness or weakness of face, arm or leg

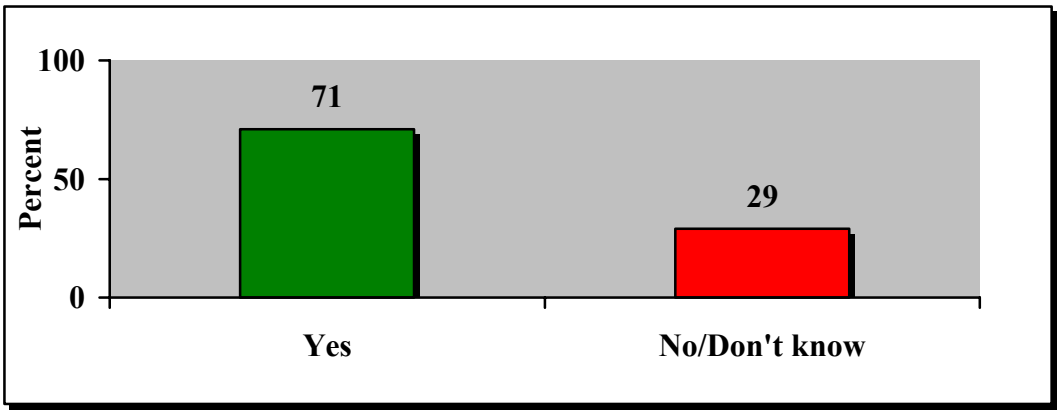


Cardiovascular Disease (continued)

Question: Do you think sudden trouble seeing in one or both eyes is a symptom of a stroke?

- **Seventy-one** percent (71%) of **respondents** correctly identified sudden trouble seeing in one or both eyes as a symptom of a stroke (Figure 11).
- **Seventy-one** percent (71%) of adult **female** respondents correctly identified sudden trouble seeing in one or both eyes as a symptom of a stroke.
- **Seventy-two** percent (72%) of adult **male** respondents correctly identified sudden trouble seeing in one or both eyes as a symptom of a stroke.

Figure 11: Trouble seeing in one or both eyes

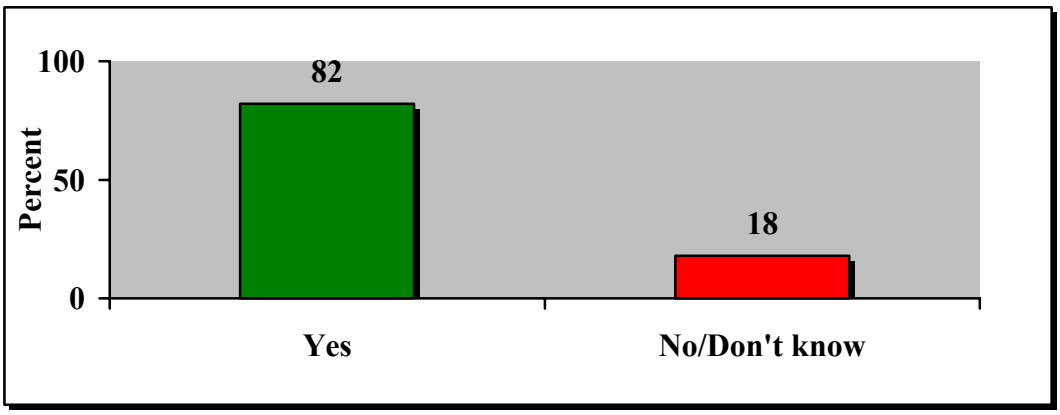


Cardiovascular Disease (continued)

Question: Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?

- **Eighty-two** percent (82%) of **respondents** correctly identified sudden trouble walking, dizziness, or loss of balance as symptoms of a stroke (Figure 12).
- **Eighty-three** percent (83%) of adult **female** respondents correctly identified sudden trouble walking, dizziness, or loss of balance as symptoms of a stroke.
- **Eighty-two** percent (82%) of adult **male** respondents correctly identified sudden trouble walking, dizziness, or loss of balance as symptoms of a stroke.

Figure 12: Trouble walking, dizziness, or loss of balance

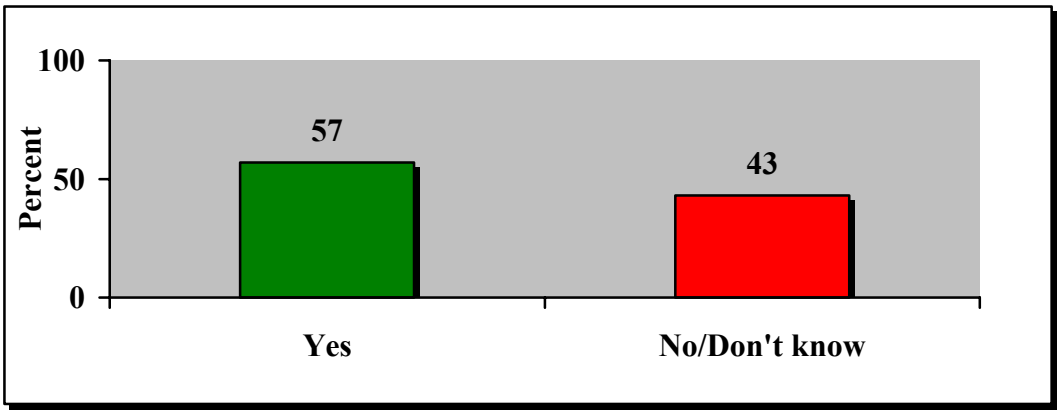


Cardiovascular Disease (continued)

Question: Do you think severe headache with no known cause is a symptom of a stroke?

- **Fifty-seven** percent (57%) of **respondents** correctly identified severe headache with no known cause as a symptom of a stroke (Figure 13).
- **Eighty-six** percent (61%) of adult **female** respondents correctly identified severe headache with no known cause as a symptom of a stroke.
- **Eighty-one** percent (53%) of adult **male** respondents correctly identified severe headache with no known cause as a symptom of a stroke.

Figure 13: Severe headache with no known cause

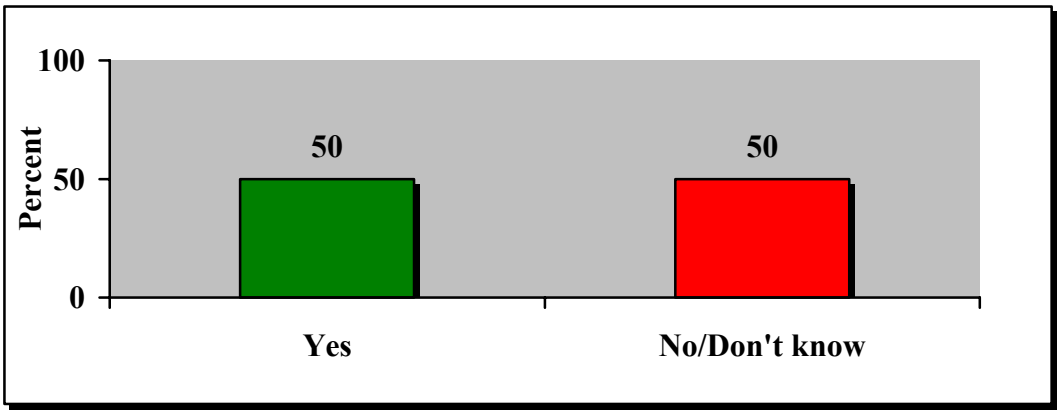


Cardiovascular Disease (continued)

Question: Do you think sudden chest pain or discomfort is a symptom of a stroke?

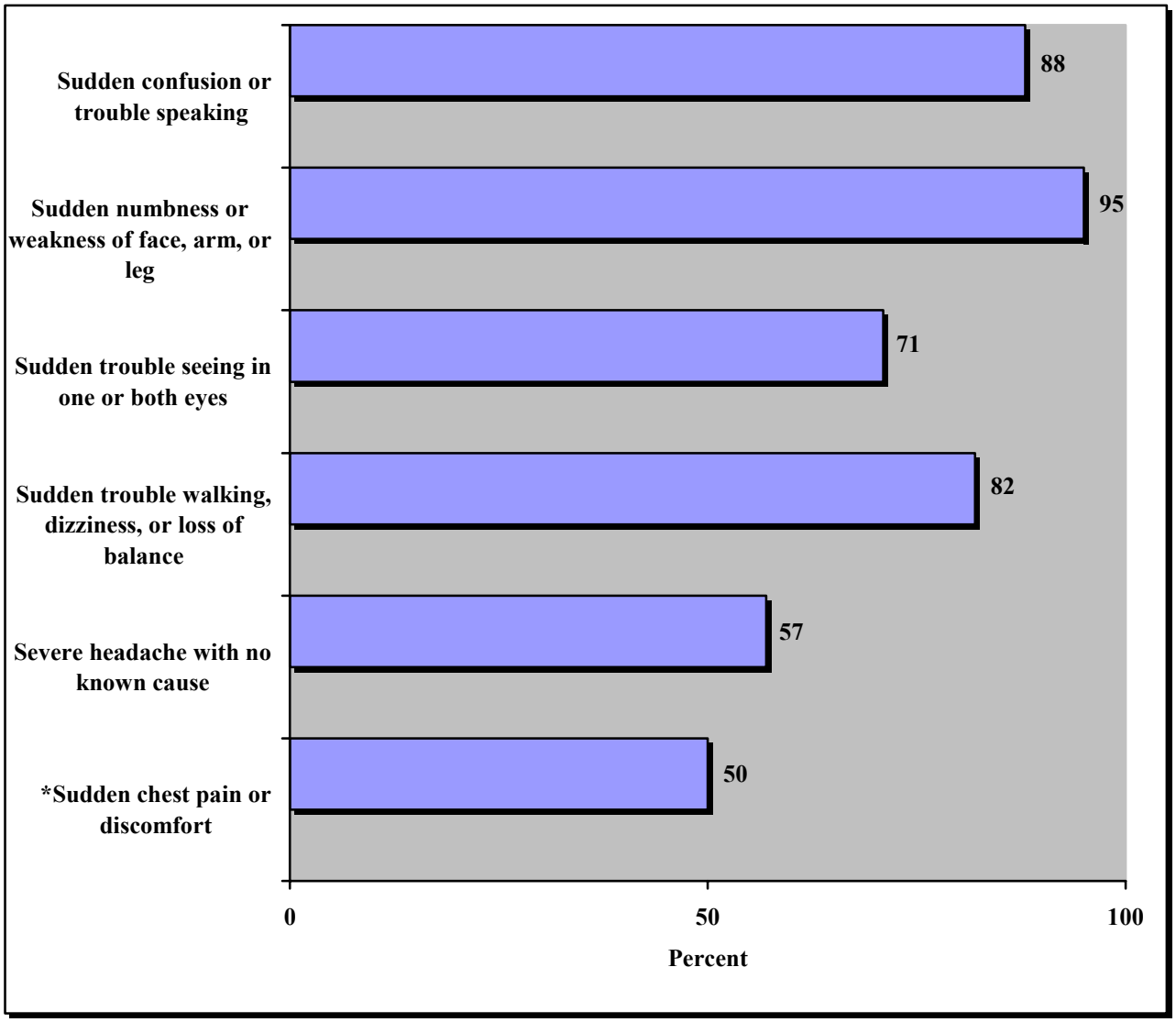
- **Fifty** percent (50%) of **respondents** incorrectly identified sudden chest pain or discomfort as a symptom of a stroke (Figure 14).
- **Fifty-three** percent (53%) of adult **female** respondents incorrectly identified sudden chest pain or discomfort as a symptom of a stroke.
- **Forty-eight** percent (48%) of adult **male** respondents incorrectly identified sudden chest pain or discomfort as a symptom of a stroke.

Figure 14: Sudden chest pain or discomfort is a symptom of a stroke (decoy symptom)



Cardiovascular Disease (continued)

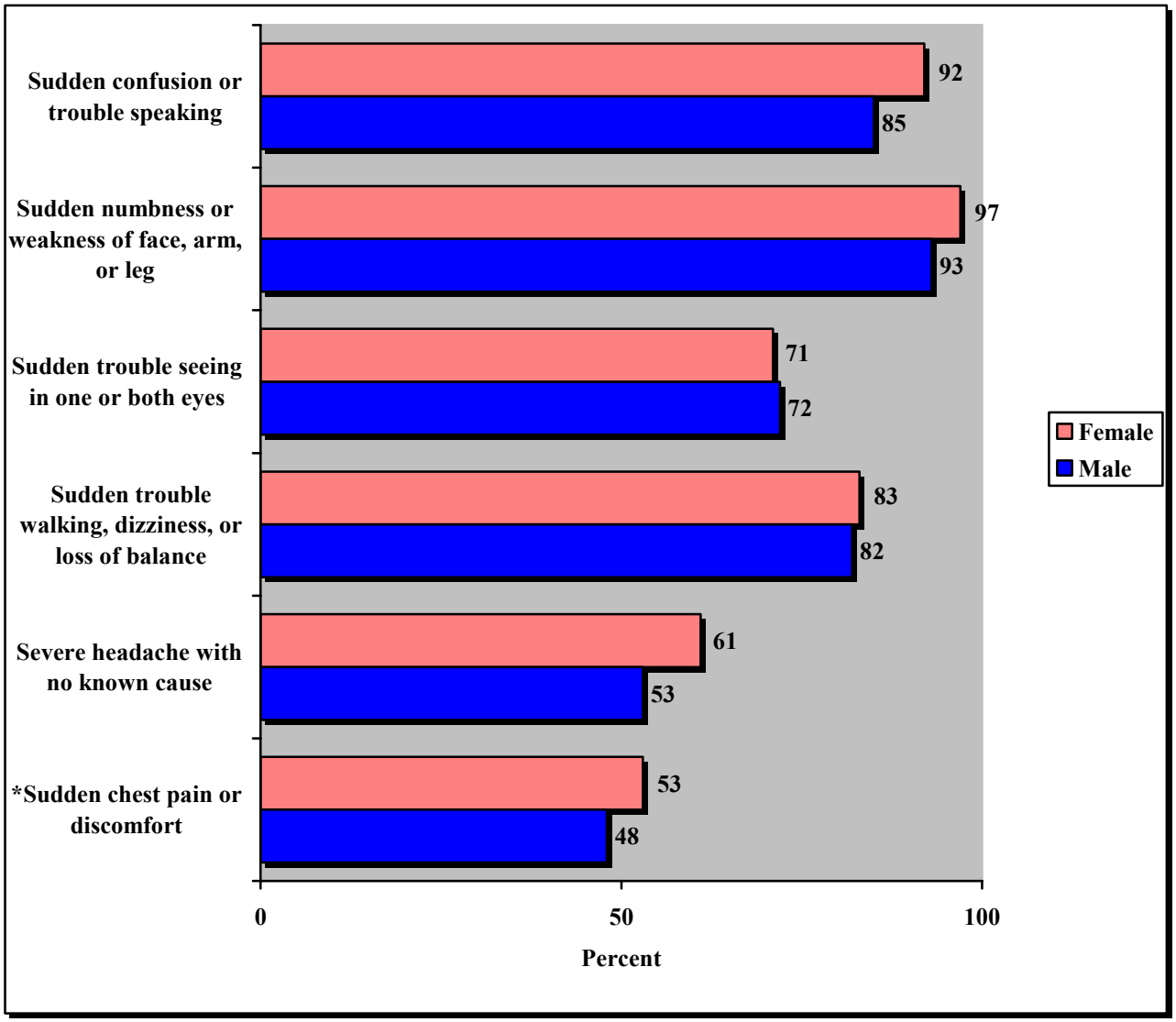
Figure 15: Summary of knowledge and signs of symptoms of a stroke



* Decoy symptom of a stroke

Cardiovascular Disease (continued)

Figure 16: Summary of knowledge and signs of symptoms of a stroke, by gender



* Decoy symptom of a health attack

Cardiovascular Disease (continued)

Question: If you thought someone was having a heart attack or stroke, what is the first thing you would do?

- **Seventy-seven** percent (77%) of **respondents** reported that the first thing they would do if they thought someone was having a heart attack or stroke was call 911.
- **Seventy-seven** percent (77%) of adult **female** respondents reported that the first thing they would do if they thought someone was having a heart attack or stroke was call 911.
- **Seventy-six** percent (76%) of adult **male** respondents reported that the first thing they would do if they thought someone was having a heart attack or stroke was call 911.

Cardiovascular Disease (continued)

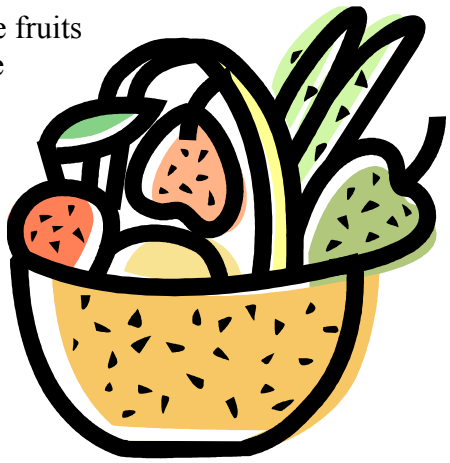
Question: To lower your risk of developing heart disease or stroke, are you…

… Eating fewer high fat or high cholesterol foods?

- **Sixty-two** percent (62%) of **respondents** reported eating fewer high fat or high cholesterol foods to lower risk of developing heart disease or stroke (Figure 17).
- **Sixty-eight** percent (68%) of adult **female** respondents reported eating fewer high fat or high cholesterol foods to lower risk of developing heart disease or stroke (Figure 18).
- **Fifty-four** percent (54%) of adult **male** respondents reported eating fewer high fat or high cholesterol foods to lower risk of developing heart disease or stroke (Figure 18).

… Eating more fruits and vegetables?

- **Seventy-two** percent (72%) of **respondents** reported eating more fruits and vegetables to lower risk of developing heart disease or stroke (Figure 17).
- **Seventy-eight** percent (78%) of adult **female** respondents reported eating more fruits and vegetables to lower risk of developing heart disease or stroke (Figure 18).
- **Sixty-five** percent (65%) of adult **male** respondents reported eating more fruits and vegetables to lower risk of developing heart disease or stroke (Figure 18).



Cardiovascular Disease (continued)

Question: To lower your risk of developing heart disease or stroke, are you…

… More physically active?

- **Sixty-four** percent (64%) of **respondents** reported being more physically active to lower risk of developing heart disease or stroke (Figure 17).
- **Sixty-four** percent (64%) of adult **female** respondents reported being more physically active to lower risk of developing heart disease or stroke (Figure 18).
- **Sixty-three** percent (63%) of adult **male** respondents reported being more physically active to lower risk of developing heart disease or stroke (Figure 18).

Figure 17: Lowering risk of heart disease or stroke

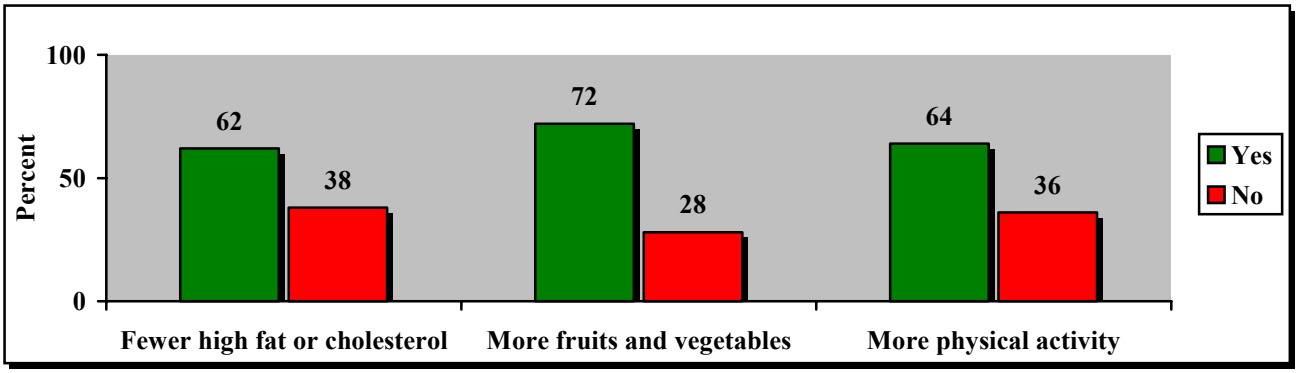
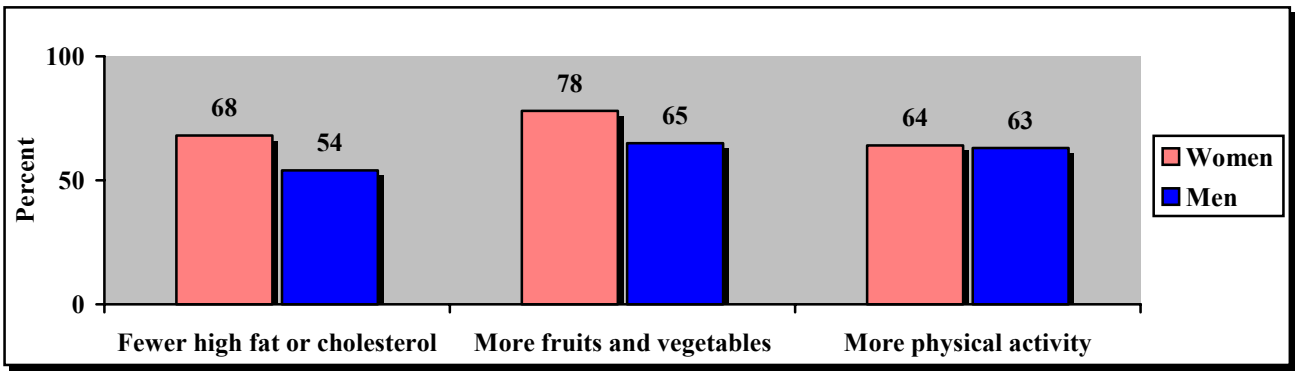


Figure 18: Lowering risk of heart disease or stroke, by gender



Cardiovascular Disease (continued)

Question: Within the past 12 months, has a doctor, nurse or other health professional told you to …

… Eat fewer high fat or high cholesterol foods?

- **Twenty-two** percent (22%) of **respondents** reported that a doctor, nurse or other health professional had told them to eat fewer high fat or high cholesterol foods to lower risk of developing heart disease or stroke (Figure 19).
- **Twenty-two** percent (22%) of adult **female** respondents reported that a doctor, nurse or other health professional had told them to eat fewer high fat or high cholesterol foods to lower risk of developing heart disease or stroke (Figure 20).
- **Twenty-one** percent (21%) of adult **male** respondents reported that a doctor, nurse or other health professional had told them to eat fewer high fat or high cholesterol foods to lower risk of developing heart disease or stroke (Figure 20).

… Eat more fruits and vegetables?

- **Twenty-six** percent (26%) of **respondents** reported that a doctor, nurse, or other health professional had asked them to eat more fruits and vegetables to lower risk of developing heart disease or stroke (Figure 19).
- **Twenty-eight** percent (28%) of adult **female** respondents reported that a doctor, nurse or other health professional had told them to eat more fruits and vegetables to lower risk of developing heart disease or stroke (Figure 20).
- **Twenty-four** percent (24%) of adult **male** respondents reported that a doctor, nurse or other health professional had told them to eat more fruits and vegetables to lower risk of developing heart disease or stroke (Figure 20).

Cardiovascular Disease (continued)

Question: To lower your risk of developing heart disease or stroke, are you…

… Be more physically active?

- **Twenty-nine** percent (29%) of **respondents** reported that doctor, nurse or other health professional had told them to be more physically active to lower risk of developing heart disease or stroke (Figure 19).

- **Thirty-four** percent (34%) of adult **female** respondents reported that a doctor, nurse or other health professional had told them to be more physically active to lower risk of developing heart disease or stroke (Figure 20).

- **Twenty-four** percent (24%) of adult **male** respondents reported that a doctor, nurse or other health professional had told them to be more physically active to lower risk of developing heart disease or stroke (Figure 20).

Figure 19: Doctor's request to lower risk of heart disease or stroke

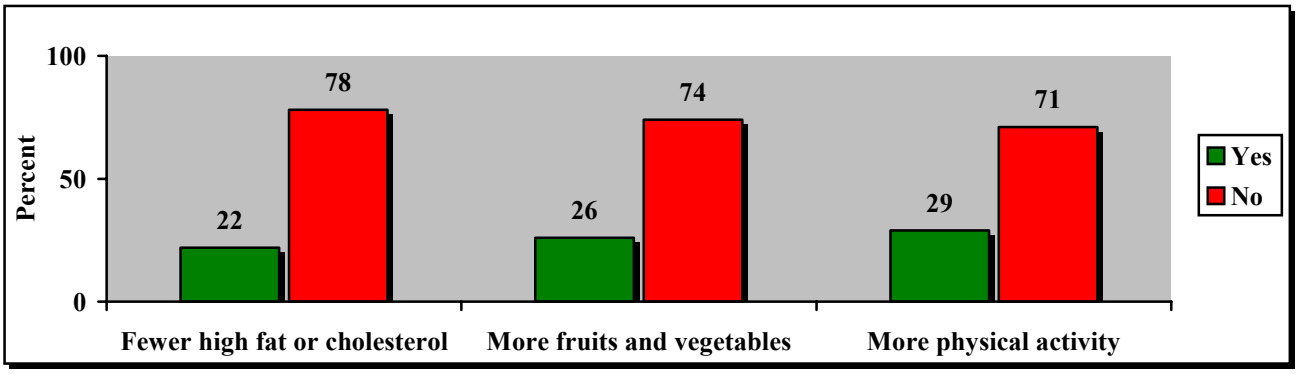
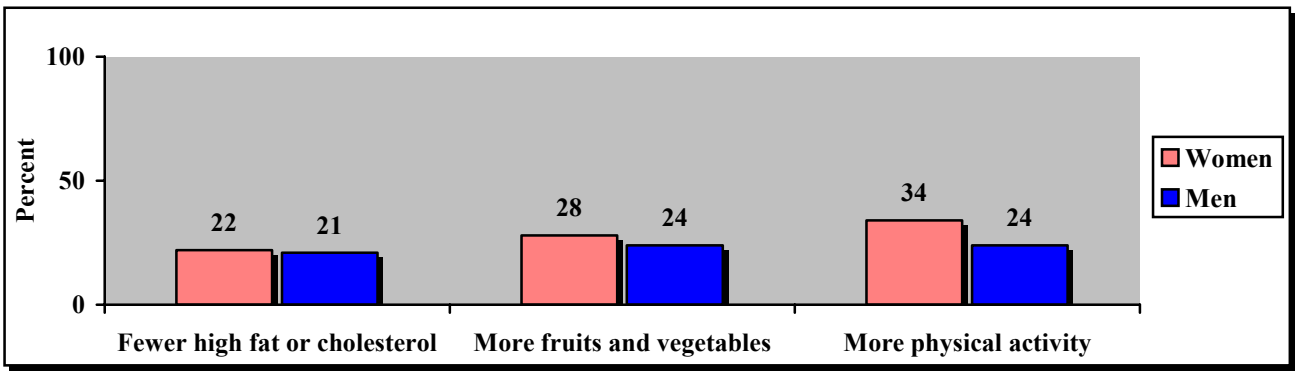


Figure 20: Doctor's request to lower risk of heart disease or stroke, by gender



Cardiovascular Disease (continued)

Question: Has a doctor, nurse or other health professional ever told you that you had any one of the following:

A heart attack, also called a myocardial infarction?

- **Six** percent (6%) of **respondents** reported that a doctor, nurse or other health professional had told them that they had had a heart attack (Figure 21).
- **Five** percent (5%) of adult **female** respondents reported that a doctor, nurse or other health professional had told them that they had had a heart attack (Figure 22).
- **Six** percent (6%) of adult **male** respondents reported that a doctor, nurse or other health professional had told them that they had had a heart attack (Figure 22).

Angina or coronary heart disease?

- **Four** percent (4%) of **respondents** reported that a doctor, nurse, or other health professional had told them that they had angina or coronary heart disease (Figure 21).
- **Three** percent (3%) of adult **female** respondents reported that a doctor, nurse or other health professional had told them that they had angina or coronary heart disease (Figure 22).
- **Four** percent (4%) of adult **male** respondents reported that a doctor, nurse or other health professional had told them that they had angina or coronary heart disease (Figure 22).

Cardiovascular Disease (continued)

Question: Has a doctor, nurse or other health professional ever told you that you had any one of the following:

A stroke?

- **Three** percent (3%) of **respondents** reported that doctor, nurse or other health professional had told them that they had had a stroke (Figure 21).
- **Four** percent (4%) of adult **female** respondents reported that a doctor, nurse or other health professional had told them that they had had a stroke (Figure 22).
- **Two** percent (2%) of adult **male** respondents reported that a doctor, nurse or other health professional had told them that they had had a stroke (Figure 22).

Figure 21: Diagnosed with cardiovascular disease

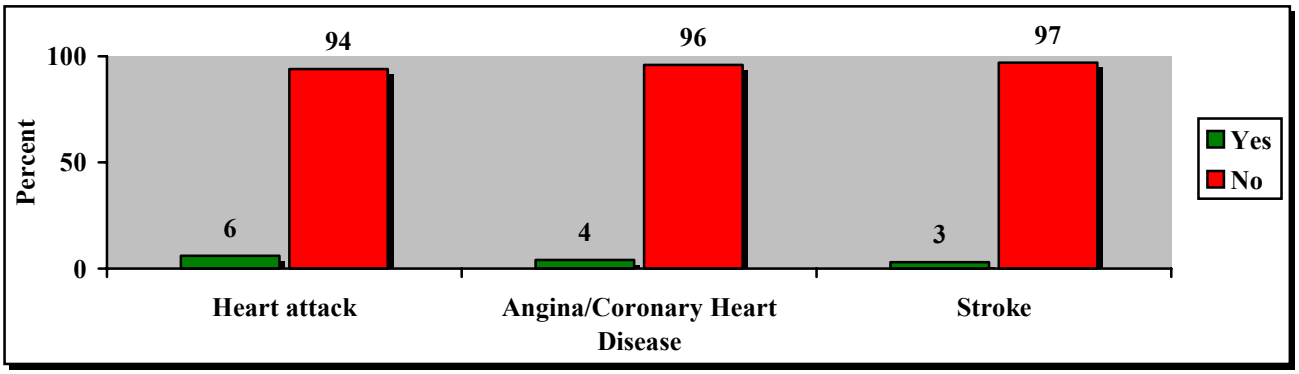
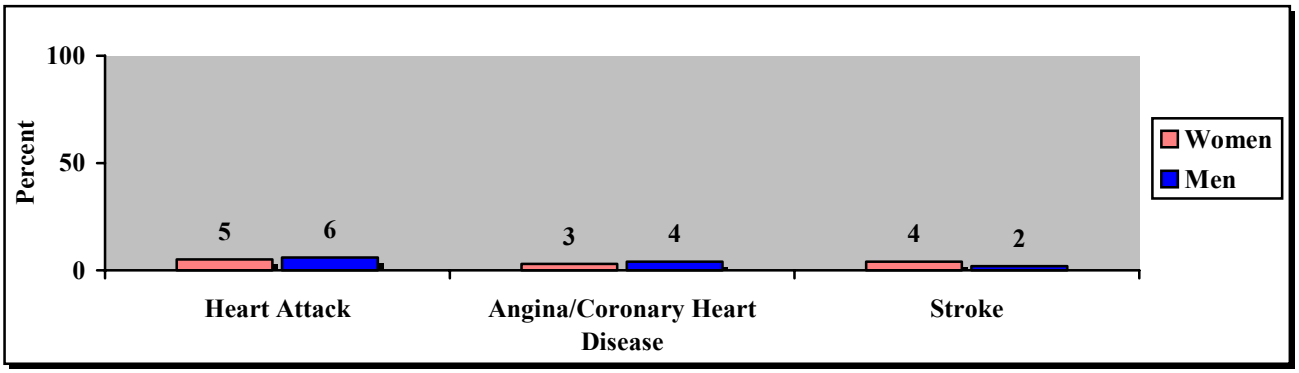


Figure 22: Diagnosed with cardiovascular disease, by gender



Trend Charts

Trend Charts

Figure 1: General Health Status (White CAHS 2005, Arkansas and national 1998-2006 BRFSS)

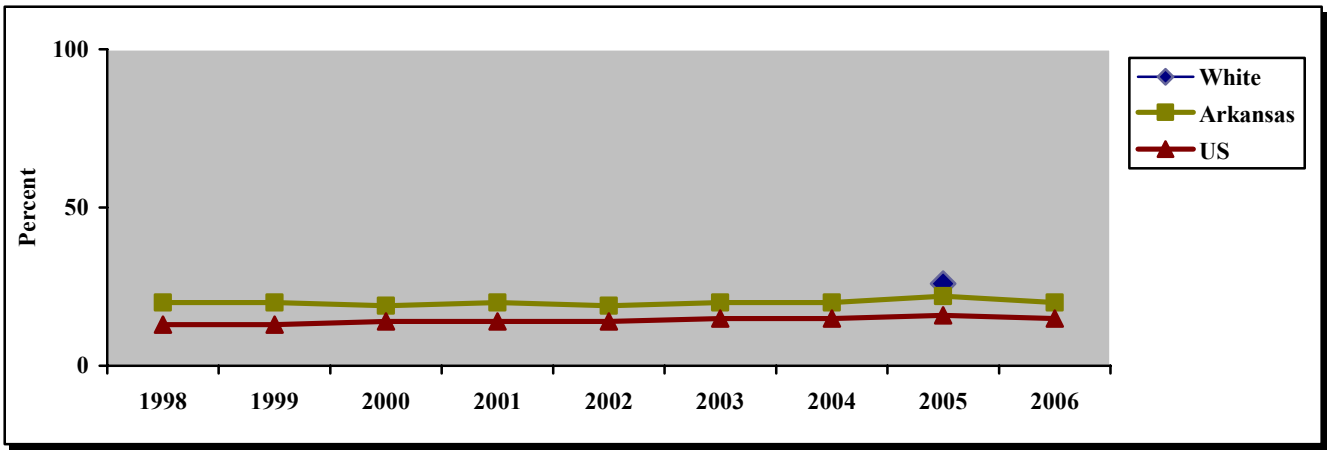
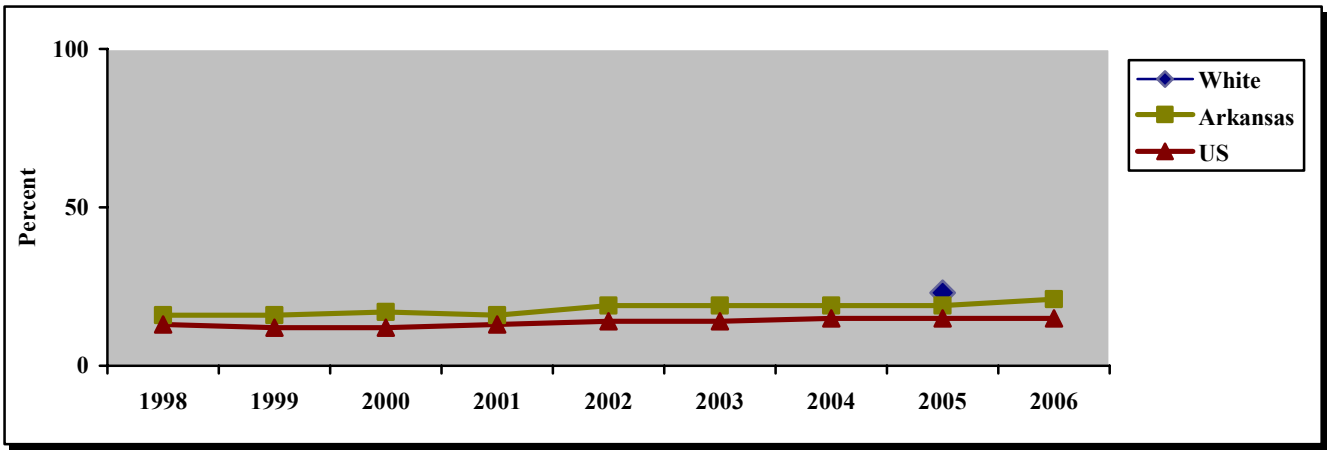
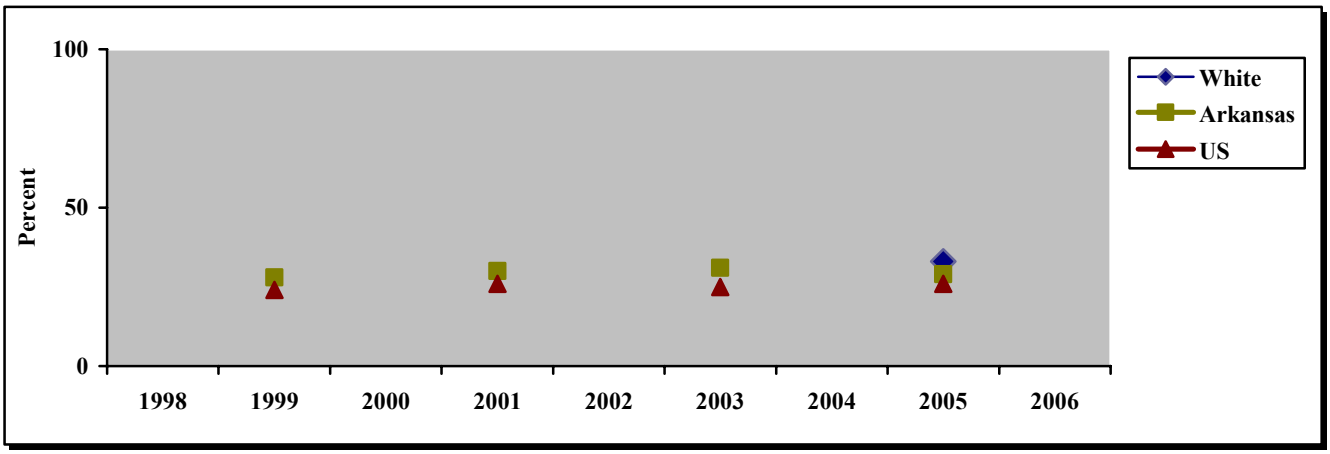


Figure 2: Health Care Access (White CAHS 2005, Arkansas and national 1998-2006 BRFSS)



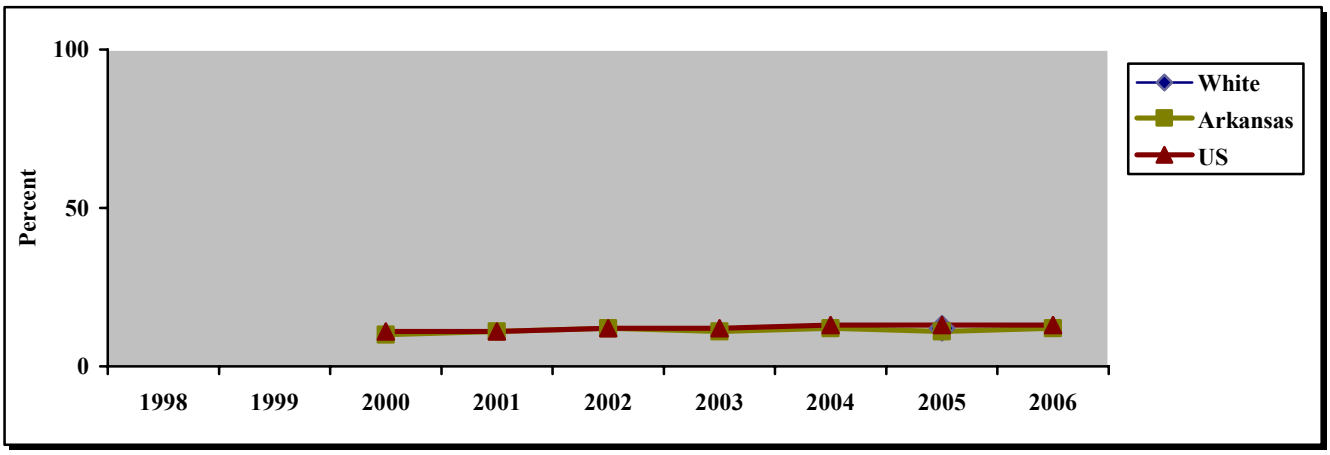
Trend Charts (continued)

Figure 3: Hypertension (White CAHS 2005, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 2000, 2002, 2004, 2006
** No data for US (States and DC) – 1998, 2000, 2002, 2004, 2006

Figure 4: Asthma (White CAHS 2005, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 1999
** No data for US (States and DC) – 1998, 1999

Trend Charts (continued)

Figure 5: Have diabetes (White CAHS 2005, Arkansas and national 1998-2006 BRFSS)

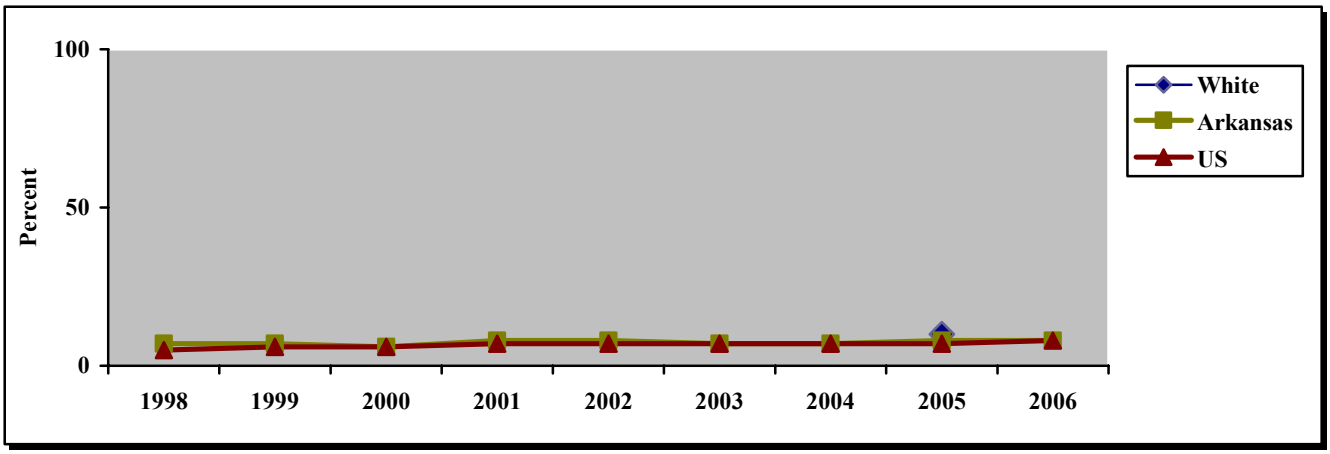
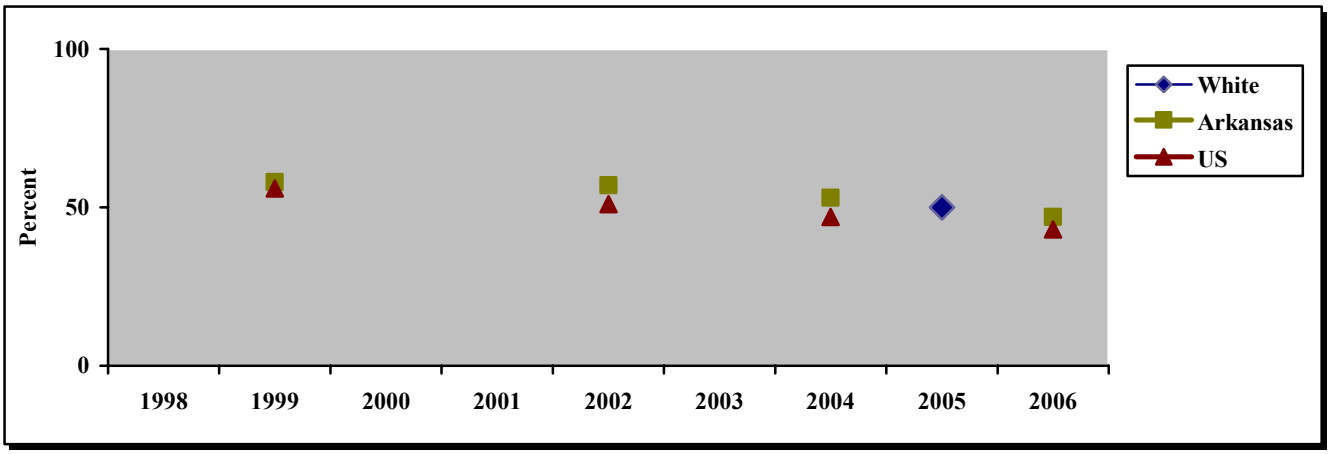


Figure 6: Colorectal cancer screening (White CAHS 2005, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 2000, 2001, 2003, 2005
** No data for US (States and DC) – 1998, 2000, 2001, 2003, 2005

Trend Charts (continued)

Figure 7: Overweight (White CAHS 2005, Arkansas and national 1998-2006 BRFSS)

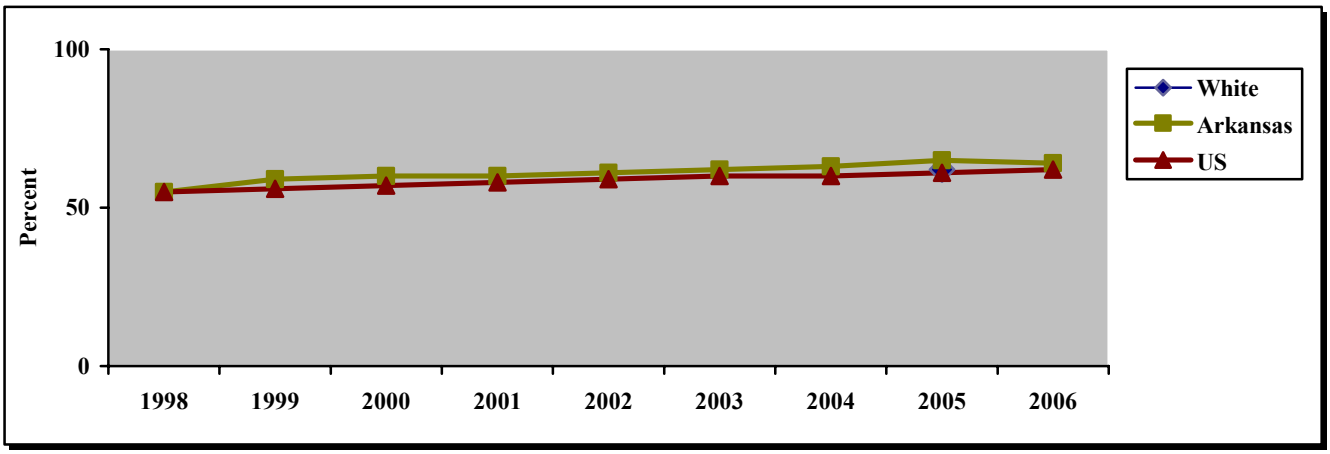
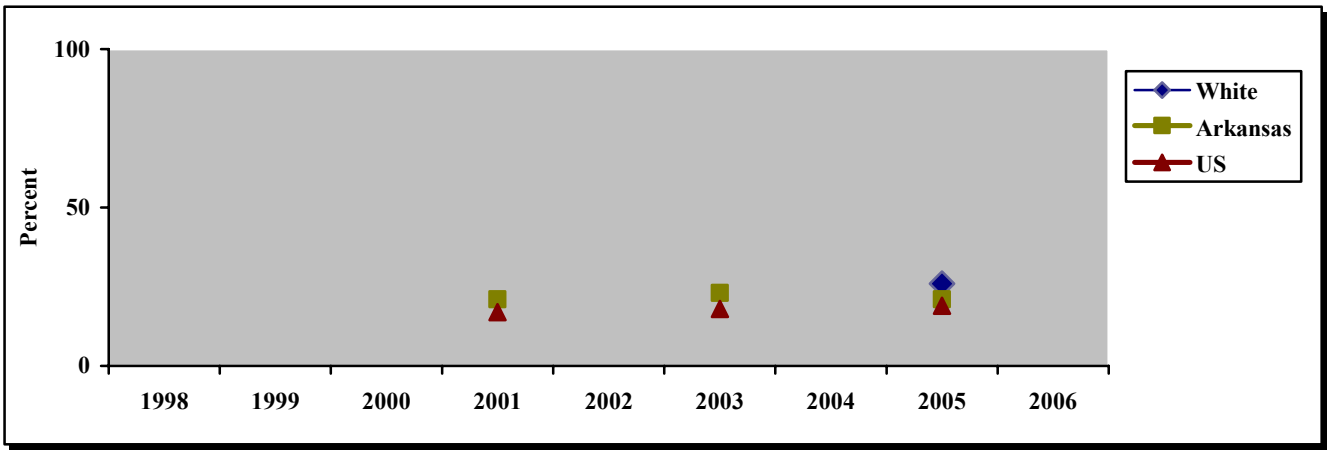


Figure 8: Disability (White CAHS 2005, Arkansas and national 1998-2006 BRFSS)



* No data for Arkansas – 1998, 1999, 2000, 2002, 2004, 2006
** No data for US (States and DC) – 1998, 1999, 2000, 2002, 2004, 2006

Appendix

White County Adult Health Survey Questions

The following questions were administered as part of the Hometown Health County Adult Health Survey. The interviews were conducted by telephone. Interested parties can obtain a complete copy of the script used to conduct the interview from their local Hometown Health leaders.

Core 1: Health Status

1. Would you say that in general your health is excellent, very good, good, fair, or poor?

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Core 2: Healthcare Access

1. Do you have any kind of health care coverage, including health insurance, pre-paid plans such as HMO's, or government plans such as Medicare?

2. During the past 12 months, was there any time that you did not have any health insurance or coverage?

3. Do you have one person you think of as your personal doctor or health care provider?

Core 3: Exercise

1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics (cal i STEN iks), golf, gardening, or walking for exercise?

Core 4: Hypertension Awareness

1. Have you ever been told by a doctor that you have high blood pressure?

2. Are you currently taking medicine for your high blood pressure?

Core 5: Cholesterol Awareness

1. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

2. About how long has it been since you last had your blood cholesterol checked?

3. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

Core 6: Asthma

1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

2. Do you still have asthma?

Core 7: Diabetes

1. Have you ever been told by a doctor that you have diabetes?

Core 8: Arthritis

1. During the past 12 months, have you had pain, aching, stiffness or swelling in or around a joint?

2. Were these symptoms present on most days for at least one month?

3. Are you now limited in any way in any activities because of joint symptoms?

4. Have you ever seen a doctor, nurse or other health professional for these joint symptoms?

5. Have you ever been told by a doctor that you have arthritis?

6. Are you currently being treated by a doctor for arthritis?

Core 9: Immunization

1. During the past 12 months, have you had a flu shot?

2. Have you ever had a pneumonia shot? This shot is given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal (new mo COCK kle) vaccine.

Core 10: Tobacco Use

1. Have you smoked at least 100 cigarettes in your entire life?

2. Do you now smoke cigarettes every day, some days, or not at all?

3. During the past 12 months have you stopped smoking for one day or longer because you were trying to quit smoking?

Core 11: Alcohol Use

1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

Core 13: Demographics

1. What is your age?

2. Are you Hispanic or Latino?

3. Which one or more of the following would you say is your race?

4. Which one of these groups would you say best represents your race?

5. Marital status?

6. How many children less than 18 years of age live in your household?

7. What is the highest grade or year of school you completed?

8. Are you currently?

9. Is your annual household income from all sources?

10. About how much do you weigh without shoes?

11. About how tall are you without shoes?

12. What is your ZIP Code?

13. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
14. How many of these are residential numbers?

15. How many adult members of your household currently use a cell phone for any purpose?

16. Not counting interruptions in service because of the weather, has your regular home telephone service been disconnected in the last 12 months?

17. In the past 12 months, about how many months in total were you without a working home telephone? (Do not count cell phones)

18. And I need to verify that you are (male/female).

19. The next question relates to military service. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

Arkansas CAHS Module 1: Women's Health

Not included in this survey.

Core 14: Disability & Quality of Life

1. Are you limited in any way in any activities because of physical, mental, or emotional problems?

2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

3. How often do you get the social and emotional support you need?

4. In general, how satisfied are you with your life?

Core 15: Physical Activity

1. When you are at work, which of the following best describes what you do? Would you say:

2. Now, thinking about the moderate physical activities you do when you are not working, in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increases in breathing or heart rate?

3. How many days per week do you do these moderate activities for at least 10 minutes at a time?

4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

5. Now thinking about the vigorous physical activities you do when you are not working, in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?

7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Core 16: Prostate Cancer Screening

1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?

2. How long has it been since you had your last PSA test?

3. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?

4. How long has it been since your last digital rectal exam?

5. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?

6. Has your father, brother, son, or grandfather ever been told by a doctor, nurse, or health professional that he had prostate cancer?

Core 17: Colorectal Cancer Screening

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

2. How long has it been since you had your last blood stool test using a home kit?

3. Sigmoidoscopy (sig-moyd-OS-kopee) or colonoscopy (kolon-OS-kopee) are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. Have you ever had either of these exams?

4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

Core 18: HIV/AIDS

1. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

2. Not including blood donations, in what month and year was your last HIV test?

3. Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?

4. I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.

ARKANSAS CAHS Module 3: Cardiovascular Disease Prevalence

1. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a hearth attack?
2. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?
3. Do you think chest pain or discomfort are symptoms of a heart attack?
4. Do you think sudden trouble seeing in one or both eyes is a symptom of a heart attack?
5. Do you think pain or discomfort in the arms or should are symptoms of a heart attack?
6. Do you think shortness of breath is a symptom of a heart attack?
7. Do you think sudden confusion or trouble speaking are symptoms of a stroke?
8. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side are symptoms of a stroke?
9. Do you think sudden trouble seeing in one eye or both eyes is a symptom of a stroke?
10. Do you think sudden chest pain or discomfort are symptoms of a stroke?
11. Do you think sudden trouble walking, dizziness, or loss of balance are symptoms of a stroke?
12. Do you think severe headache with no known cause is a symptom of a stroke?
13. If you thought someone was having a heart attack or stroke, what is the first thing you would do?
14. To lower your risk of developing heart disease or stroke, are you eating fewer high fat or high cholesterol foods; eating more fruits and vegetables; and being more physically active?
15. Within the past 12 months, has a doctor, nurse, or other health professional told you to lower your risk of developing heart disease or stroke by eating fewer high fat or high cholesterol foods; eating more fruits and vegetables; and being more physically active?
16. Has a doctor ever told you that you had a heart attack, also called a myocardial infraction?
17. Has a doctor ever told you that you had angina or coronary heart disease?
18. Has a doctor ever told you that you had a stroke?
19. At what age did you have your first heart attack?
20. At what age did you have your first stroke?
21. After you left hospital following your heart attack or stroke, did you go into any kind of outpatient rehabilitation?

22. Do you take aspirin daily?

23. Do you have a health problem or condition that makes taking aspirin unsafe for you?

24. Why do you take aspirin?

ARKANSAS CAHS Module 5: Tobacco Indicators

1. How old were you the first time you smoked a cigarette, even one or two puffs?

2. How old were you when you first started smoking cigarettes regularly?

3. About how long has it been since you last smoked cigarettes regularly?

4. In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

5. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

6. Which statement best describes the rules about smoking inside your home?

7. Have you ever been told by a doctor or other health care professional that you have chronic bronchitis?

8. Have you ever been told by a doctor or other health care professional that you have emphysema?

9. Have you ever been told by a doctor or other health care professional that you have Chronic Obstructive Pulmonary Disease (COPD)?

10. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?

11. Do you currently use chewing tobacco or snuff every day, some days, or not at all?

12. Have you ever smoked a cigar, even one or two puffs?

13. Do you now smoke cigars every day, some days, or not at all?

14. Have you ever smoked tobacco in a pipe, even one or two puffs?

15. Do you now smoke a pipe every day, some days, or not at all?

16. A bidi (BEE-dee) is a flavored cigarette from India. Have you ever smoked a bidi, even one or two puffs?

17. Do you now smoke bidis (BEE-dees) every day, some days, or not at all?